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ICRDB CANCERGRAM

REHABILITATION AND SUPPORTIVE CARE

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PHYSICAL REHABILITATION

1. NEW APPROACHES TO BREAST RECONSTRUCTION.

McKinney P, Cunningham BL
Northwestern Memorial Hosp., Chicago, IL
IMJ; 159(6):367-370 1981

The advances in the breast reconstruction following major extirpative surgery for breast carcinoma are discussed. The timing of reconstruction depends upon the stage of disease and varies from 3-6 mo postoperatively for the patients with Stage I to 6-12 mo postoperatively for Stage II-III. The patients with adequate chest wall skin coverage can undergo dissection of the sc or submuscular pockets and implantation of silicone prosthesis. Local flap rotation is recommended for the patients with inadequate skin coverage due either to the radiation damage or wide resection. The latissimus dorsi flap permits placing of the prosthesis at the time of initial rotation. (no Refs)

2. INTRAMEDULLARY NERVE IMPLANTATION IN AMPUTATION AND OTHER TRAUMATIC NEUROMAS. TECHNICAL NOTE.

Hemmy DC
Dept. Neurosurgery, Medical Coll. wisconsin, 8700 West Wisconsin Ave., Milwaukee, WI, 53226
J Neurosurg; 54(6):842-843 1981

A simple and effective method of eliminating pain as a result of amputation and traumatic neuroma is described. Following excision of the neuroma, intramedullary long-bone implantation of the proximal nerve is performed. This technique has been used in five patients and there has been no recurrence of pain. (Author abstract) (2 Refs)

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3. PROSTHESIS MANAGEMENT OF THE CANCER PATIENT WITH HIGH LEVEL AMPUTATION.

Lehneis HR, Ekus L, Fields G, Freidenberg I, Frisina W, Reeve JA, Rendburg SL, Weiner S
Inst. Rehabilitation Medicine, New York Univ. Medical Center, 400 East 34th St., New York, NY, 10016
Orthotics Prosthet; 35(2):10-28 1981

Ten patients (11-74 yr old; 4/10 were children) were fitted with temporary leg prostheses as soon as medically feasible after hemipelvectomy (8/10) or hip disarticulation (2/10). The postoperative interval was 7 wk in 2/10 and an av of 16 days in 8/10. Two sessions were usually required for fitting the first prosthesis, because the patients were debilitated by their surgery and (sometimes) high-dose chemotherapy. Two days were needed for recovery after each chemotherapy dose before another ambulation training session could be tolerated. The socket was prepared by molding a thermoplastic material to the stump. Another socket was fitted when the fluctuation of the amputation site warranted it (5/10 patients gained wt, 2/10 lost excessive wt). The first prosthesis was a pylon and solid-ankle cushion-heel foot, without hip or knee joints. Ambulation training emphasized the importance of keeping the pelvis level. One patient died of disease during the first phase; one patient dropped out for personal reasons; one child did not use the first-phase prosthesis because of poor parental cooperation. The second prosthesis, which included a hip joint, was worn for increasing periods each day (3-14 hr), together with a walker (older patients) or forearm crutches (younger patients), indoors and outdoors. The goal of the program was to fit a permanent prosthesis as soon as possible after surgery (as little as 2 mo). The design of an improved, cost-effective prosthesis incorporating a 'synergistic' biarticulate control system is described. Three women were fitted with this prosthesis. Two patients had previously used other permanent prostheses; much of their gait training involved learning a proper gait pattern. The third patient, who had used only the temporary prostheses, learned the correct gait pattern within 1 mo. (no Refs)

4. PATTERNS OF NARCOTIC DRUG USE IN A CANCER PAIN CLINIC.

Kanner RM, Foley KM
Dept. Neurology, Memorial Sloan-Kettering Cancer Center, New York, NY, 10021
Ann NY Acad Sci; 362:161-172 1981

A total of 103 patients were studied retrospectively. Of these, 86 had cancer, the predominant types being breast (34%), lung (20%), and genitourinary (14%). At the first evaluation, 65 patients were receiving narcotic analgesics; 5 were taking only non-narcotic drugs, and 11 were taking sedative, psychotropic, or anticonvulsant drugs. All drugs were being taken orally, with doses ranging from the analgesic equivalent of 5 to 150 mg of parenteral morphine sulfate per 24 hr. At the end of 3 mo 81 patients were reviewed. Forty-five were taking narcotic drugs, of whom 42 had been taking such drugs at the first evaluation. Data for 76 patients were available at 6 mo. Twenty-three were dead and 53 alive. Twenty-eight were still taking narcotic analgesics. There was no evidence of drug abuse among cancer patients. Increases in dosage corresponded to tumor progression. In contrast, 2 out of 17 non-cancer patients abused narcotics. Cancer patients did not show psychological dependence on narcotics. They did develop tolerance and physical dependence. Evidently cancer patients can be treated with stable doses of narcotic drugs for long periods of time without risk of drug abuse. Doctors, however, seem reluctant to prescribe narcotics out of fear of drug abuse. (22 Refs)

5. THERAPEUTIC USES OF THE DRUGS OF ABUSE.

Ungerleider JT, Andrysiak T
Neuropsychiatric Inst., Univ. California at Los Angeles Sch. Medicine, Los Angeles, CA, 90024
Ann NY Acad Sci; 362:173-180 1981

The use of lysergic acid diethylamide (LSD), marijuana, heroin, and amphetamines for therapeutic purposes is discussed. A component of marijuana, delta-9-tetrahydrocannabinol (THC), has been shown effective in cancer chemotherapy patients because of its antiemetic and antinauseant effects. Amphetamines have been used for treatment of obesity, narcolepsy, hyperkinetic behavior, pain, epilepsy, and depression. Heroin has been used as a pain reliever for patients with advanced cancer. (27 Refs)

6. EVALUATION OF THE ANALGESIC ACITIVITY OF A MORPHINE ANTAGONIST, BUPRENORPHINE, AGAINST PENTAZOCINE IN THE TREATMENT OF ADVANCED CANCER PAIN (MEETING ABSTRACT).

Dario D, Fassio T
Istituto Scientifico per lo Studio e la Cura dei Tumori, Genoa, Italy
Tumori; 67(2,SupplA):212 1981

The use of morphine agonists and antagonists reflects the current tendency to investigate new drugs which have the narcotic's analgesic activity with fewer side effects. For this reason we decided to test the morphine antagonist buprenorphine by comparing its analgesic activity with a familiar morphine agonist, pentazocine. The parameters evaluated are as follows: type, intensity, and duration of pain; performance status; side effects of the drug. Both drugs were tested in patients with severe pain due to advanced neoplasms with an expected survival of less than 6 mo. The prelimary findings based on the first 10 cases treated show a decrease in pain intensity and duration with a consequent improvement in performance status and a reduced incidence of side effects in patients treated with buprenorphine. (no Refs) (In ITA)

PSYCHO-SOCIAL ASPECTS OF REHABILITATION

7. SOCIAL AND ECONOMIC IMPLICATIONS OF CANCER IN THE UNITED STATES.

Hodgson TA
Natl. Center Health Statistics, Dept. Health Human Services, Office Health Res. Statistics and Technology, Public Health Service, Hyattsville, MD, 20782
Ann NY Acad Sci; 363:189-204 1981

The type and magnitude of costs involved in cancer morbidity and mortality are presented in the form of data and discussion. Trends in age-adjusted death rates from various types of cancer in the United States over a period of approx 27 yr are shown. Information on direct and indirect costs, including expenditures for hospital care, physicians' services, and lost earnings (morbidity incurs 7% of the loss in wages associated with mortality) is given. Direct costs account for approx 25% of the total, morbidity accounts for 5%, and the remaining 70% results from cancer mortality. Person-yr of life lost as a result of death are estimated from the expected yr of life remaining. Other costs involve the impact on use and availability of resources, both physical and human, including nonhealth sector direct costs and intangibles such as time lost from other activities. Knowledge of the implications of disease for employment, productivity, prices, investment, gross national product, and of psychosocial costs is sought. So too is an understanding of the relationship of cancer costs to environmental agents and hazards and to socioeconomic and demographic variables. A baseline with which to compare the effects of future changes is needed. Willingness-to-pay for reductions in the probability of suffering morbidity and/or mortality is presented as another concept for assessing the costs of illness. (no Refs)

8. MASTECTOMY: A REVIEW OF PSYCHOSOCIAL RESEARCH.

Miller PJ
Social Work Dept., Southern Maryland Hosp., Clinton, MD
Health Soc Work; 6(2):60-66 1981

The results of six empirical investigations of the psychosocial aspects of mastectomy are reviewed. The studies examined the attitudes of women toward mastectomy both before and after surgery, with emphasis on the areas in which problems lie. Every woman who had a mastectomy was potentially at risk for emotional complications, including depression, anxiety, suicidal thoughts, sexual problems, lowered self image, and family maladjustment. Study 1 reports that 39% of experimental subjects needed mental health counseling after mastectomy. Forty-six percent in study 2 were under stress at 3 mo follow up and 28% remained so after 1 yr. One third of subjects were dissatisfied with diagnostic information they received. Denial and subsequent lowering of self image are discussed in study 3. Study 4 reports that 44% of subjects did not even expect to have mastectomy and 41% experienced the most difficult emotional period after discovery of the lump. Women under age 45 had more problems than women 45 yr or older. Little or no involvement in the decision-making related to surgery was felt by 43.3% of spouses questioned in study 5. Study 6 monitored and asserts the value of an intervention program which provides education, information, support, and counseling to make a healthier postmastectomy adjustment. The reviewer urges attention to each mastectomy patient's psychosocial situation in order that social workers in health care deal more effectively with this special patient population. (10 Refs)

9. COMPARATIVE RESULTS OF POSTMASTECTOMY REHABILITATION IN A SPECIALIZED AND A COMMUNITY HOSPITAL.

Sachs SH, Davis JM, Reynolds SA, Spagnola M, Hall P, Bloch A
3609 Park East, Beachwood, OH, 44122
Cancer; 48(5):1251-1255 1981

This article describes results of postmastectomy rehabilitation program as operating at Mt. Sinai Hospital of Cleveland, a general community facility. Common physical and emotional problems following mastectomy are documented, as well as barriers to effective rehabilitation - particularly the fact that such programs are usually associated with specialized oncology settings and not seen as feasible in the community hospital. An analysis of outcomes of a program operated at both Mt. Sinai and Memorial Sloan-Kettering Cancer Center demonstrates that comparable and positive patient outcomes can be achieved in terms of range of motion, resumption of prior activities, and emotional stress. Recommendations are made regarding ways to overcome common problems in implementing such programs in an inexpensive and effective manner. (Author abstract) (14 Refs)

10. SEXUAL IDENTITY AND PROPHYLACTIC MASTECTOMY.

Romm S, Hutzler J, Berggren RB
Div. Plastic Surgery, Univ. Kentucky, Lexington, KY, 40536
Ann Plast Surg; 7(1):35-37 1981

Nine women who had undergone a prophylactic mastectomy with reconstruction for chronic cystic disease, with a strong family history of breast cancer, increased anxiety on the part of the patient or physician about cancer, or severe mastodynia, were studied to determine if there were differences in the patient's and the surgeon's perception of surgical results and what implications this might have. It was found that the patients perceived the results of their surgery in a much more accepting and optimistic light than did the operating surgeon. (no Refs)

11. SOCIAL-VOCATIONAL REHABILITATION OF BREAST CANCER PATIENTS SUBJECTED TO SURGICAL TREATMENT.

Mel'nikov PA, Semiglazov VF, Shabashova NIa, Moiseenko VM
N. N. Petrov Res. Inst. Oncology, Leningrad, USSR
Vestn Khir; 126(6):139-141 1981

The results of social-vocational rehabilitation of 100 patients (80% were in a 40-59 yr age group) with breast cancer are reviewed. Of 100 patients, 30 had Stage II and 42 had Stage II I; 74 women received preoperative chemotherapy. Majority of the patients (88) underwent Halsted's radical mastectomy. During the entire follow-up period (9 mo) the patients received physical therapy, massage, counseling, and psychotherapy. The incidence of postoperative complications (reduced mobility of the arm, edema) in the patients who resumed the working activity was lower than that in disabled patients. (no Refs) (In RUS)

12. THE HOSPICE: ITS MEANING TO PATIENTS AND THEIR PHYSICIANS.

Saunders C
St. Christopher's Hospice, London, England
Hosp Pract; 16(6):93-96,101-103,107-108 1981

The hospice method of terminal care, as embodied in London's St Christopher's Hospice, is described. With the goal of enhancement of the patient's remaining life, after acute hospital care is no longer appropriate, the hospice focusses on whole family participation and physical and psychological comfort. Medical treatment is directed toward symptom control. Pain control is continuous and preventative, using the least powerful analgesic suitable to the patient's need. Palliative radiotherapy, chemotherapy, nerve blocks, and surgery are also options. The social milieu is likened to that of a small village. Home, hospital, and hospice care are coordinated, with admission to the hospice depending upon many variables. Understanding of some problems of dying is emerging only in the hospice setting. The need for full integration of terminal care with the rest of medicine is stressed. Family members most in need of support in bereavement are identified and helped; even needs of staff and volunteers are recognized. Cost of care is discussed. (no Refs)

13. CANCER HOT LINE TO SECOND OPINIONS.

Prilook ME
(c/o The Editor), Patient Care, 16 Thorndal Circle, Darien, CT, 06820
Patient Care; 15(5):198-200,202-203,207,210 1981

A two-pronged program in Kansas City, Missouri, is described, which consists of a hot line as an information source and a panel of physicians who review cancer cases and recommend treatment free of charge. Each panel consists of, at minimum, a medical oncologist, a radiotherapist, a surgeon, a pathologist, and a psychiatrist or psychologist. The Cancer Panel evaluates each case from the viewpoints of correctness of management and the need for additional information or measures that would lead to improvement of care or quality of life. Mental health volunteers, under the direction of a psychiatrist, are on hand to lend support to the patient and the family before and after review of the case. Trained volunteers, who have recovered from cancer, staff the Cancer Hot Line, part of a local, volunteer crisis-intervention service. Callers receive a return call within 15 min and, if necessary, a visit within 3 hr. Through the Hot Line a physician can make an appointment for a patient to appear before the Cancer Panel, which will report to the physician by mail. (no Refs)

14. CHILD CHRONICALLY ILL? FOLLOW THE FAMILY.

Murphy JP, Kimball CP, Kleeman CR, Rosenbaum EH, Van den Noort S, Wishner WJ, Ganz RH
(c/o The Editor) Patient Care, 16 Thorndal Circle, Darien, CT, 06820
Patient Care; 15(14):199-201,204-207,210,212,214,216,221-223,226 227,231-232,23 1981

A roundtable discussion group covering the effects of chronic disease on the family discusses giving even the youngest child as much information about his/her chronic disease as can be understood, guarding against overprotection, problems of adolescence compounded by the child's chronic illness, recognizing problems of siblings, stress on the parents' relationship, and the impact of a medical crisis. Opinions regarding the recommendation of books to patients' parents are presented along with a reading list. (1 Ref)

15. CHANGES IN INTELLECT AND IQ FOLLOWING COMBINED TREATMENT TO THE BRAIN (MEETING ABSTRACT).

Meadows AT, Gordon J, Littman P, Fergusson J, Moss K
Departments of Pediatrics. Phychiatry and Radiation Therapy, University of Pennsylvania School of Medicine, Philadelphia, PA
Long Term Normal Tissue Effects of Cancer Treatment, April 13-15, 1981, Bethesda, Maryland Committe for Radiation Oncology Studies; 1981

Newly diagnosed children with acute lymphocytic leukemia (ALL) who had achieved remission were tested prior to receiving radiotherapy (RT). They were retested 1-2 yr later and then 3-4 yr after that with the testing session including measures of other neuropsychologic functions. All of these children had been treated with 2400rad cranial RT, 6 doses of intrathecal methotrexate (MTX) and oral MTX along with the usual other agents for 3 to 5 yr. No major significant changes were noted between the first and second testing, but large differences, which could not be explained by chance or by the standard error of measurement of the tests, were seen after 3-4 yr. 12/18 children for whom 3 tests were available showed significant declines in IQ (10 or more IQ points). Those who declined were more likely to be younger than 6 yr at diagnosis and there appeared to be no relationship between duration or intensity of therapy and degree of reduction in IQ score. When other neuropsychologic functions were examined, a large proportion of the group were impaired in: visual perception and visual motor integration and several aspects of memory (visual and auditory sequence and auditory verbal). Four children with ALL who had received similar therapy, including intrathecal MTX but no RT, were tested many yr after diagnosis and none was found to have deficits. We speculate that these low doses of RT may be insufficient to cause normal brain tissue damage but they result in permeability changes in blood vessels. (no Refs)

16. NEUROPSYCHOLOGICAL AND NEUROPHYSIOLOGICAL TESTING IN CHILDREN WITH LEUKEMIA (MEETING ABSTRACT).

Kaleita TA, Shields WD, Dreisbach M, Nuwer M
Departments of Pediatrics and Neurology, University of California of Los Angeles, School of Medicine, Los Angeles, CA
Pediatr Res; 15(4,Part2):579 1981

The neurological consequences of childhood leukemia and its treatment have become increasingly important with the improvement in long-term survival. The WISC-R and Frostig Test of Visual Perception were performed on a series of patients admitted to UCLA Medical Center for Bone Marrow Transplantation (BMT). In addition, Visual Evoked Potentials (VEP), Brainstem Auditory Evoked Potentials (BAEP), and Somatosensory Evoked Potentials (SEP) were administered prior to BMT. Thus, the observed abnormalities reflect previous disease and/or treatment. There were consistent findings of visual-motor deficits in 8 of 11 leukemia patients. This was evidenced in 5 patients by a profile of comparatively high scores on Picture Completion and Picture Arrangement subtests (WISC-R) and low scores on Block Design (WISC-R) and Form Constancy (Frostig) subtests. Three of 5 patients were found to have lesions of the optic nerve on VEP while 2 of 3 patients produced slow nerve conduction studies on BAEP. Two of 4 patients had abnormal SEP. The three children with optic nerve lesions on VEP showed impairment of visual-motor skills. These neuropsycholgical and electrophysiological tests are valuable in the evaluation of the long-term nervous system sequelae of childhood leukemia and its treatment. (no Refs)

17. SCHOOL PHOBIA: INTERVENTIONS IN CHILDHOOD CANCER.

Klopovich P, Vats TS, Butterfield G, Cairns NU, Lansky SB
Dept. Pediatrics, Univ. Kansas Sch. Medicine, Kansas City, KS, 66103
J Kans Med Soc; 82(3):125-127 1981

The response of parents and school personnel to children with cancer is discussed in relation to school phobia among childhood cancer patients. School phobia, seen in 1% of the general population and in 10-67% of children with cancer, is characterized by refusal to attend school, fear of separation from mother, and somatic complaints. Problems that contribute to the child with cancer withdrawing and developing school phobia are described. The reaction of parents to these problems is discussed. Parental difficulties with discipline and control are discussed in relation to the problem of poor school attendance among children with cancer. The preparation of school personnel and the patient's classmates for the return of the child with cancer is discussed. The use of a school conference, which includes the hospital teacher, nurse clinician, and team psychologist, along with school personnel, such as the school nurse, teachers, counselors, and principals to give background information about the child's specific disease, the treatment to be used, and the expected side effects of treatment is described. Written and follow-up communication with the school staff is discussed. (6 Refs)

18. ASSESSMENT OF HOSTILITY IN ADOLESCENT CANCER PATIENTS (MEETING ABSTRACT).

Boeck MA, Leventhal BG
Department of Pediatric, Johns Hopkins University and Hospital, Baltimore, MD
Pediatr Res; 15(4,Part2):445 1981

Seventeen adolescent cancer patients ages 13-18 were evaluated with a structured interview and a standardized self-administered affect scale, the Brief Symptoms Inventory. All patients knew their diagnosis and were not considered to have behavior or compliance problems. Thirty adolescents without chronic illness who presented to a general adolscent clinic served as controls. 8 of 17 cancer patients were 1 above the mean on the hostility dimension compared with 8 of 30 controls. Hostility was not apparent on interview or in patient behavior and was only detected by the testing instrument. Mean scored for oncology patients on the hostility dimension were significantly higher for males, patients hospitalized when tested and patients with both biologic parents in the home. Patients with intact families frequently mentioned being overprotected by parents and feeling they were a financial and emotional burden. There were no significant differences for blacks vs whites, newly diagnosed patients vs those in relapse, and patients with leukemia/lymphoma vs bone sarcoma. The degree of covert hostility present in adolescents with malignancy must be appreciated in order to impact upon complicance, patient comfort and survival. (no Refs)

19. APPROACH TO THE MANAGEMENT OF CHILDREN WITH MALIGNANT DISEASE IN ONE DISTRICT GENERAL HOSPITAL.

Neil VS, Weindling AM, Ryder HM, Barton CJ, Newman CL
John Radcliffe Hospital, Oxford OX3 9DU, England
Br Med J; 283(6287):366-367 1981

A children's hematology clinic designed to deal with the psychiatric and social problems of cancer patients and their families is described. The staff includes a social worker and four doctors: a consultant pediatrician, a consultant hematologist, a senior registrar in hematology, and a pediatric registrar. Current patients include 15 with acute leukemia (including 5 off treatment), 8 with solid tumors, and 5 with other hematological disorders. The clinic is conducted in a relaxed and informal manner. The routine is, however, always the same. Personnel are always familiar with patients and their families. Questions and problems are freely discussed. Parents are educated about their child's disease. The family doctor and school authorities are included in the handling of cases. In terminal cases, staff involvement and counselling continues after the child's death, to deal with the problems of the family. The desired effect is to reduce stresses related to pediatric cancer. (3 Refs)

NUTRITIONAL EVALUATION AND SUPPORT

20. URSODEOXYCHOLIC ACID PREVENTS GASTROINTESTINAL DISORDERS CAUSED BY ANTICANCER DRUGS.

Tatsumura T, Sato H, Yamamoto K, Ueyama T
First. Dept. Surgery, Toyama Medical and Pharmaceutical Univ., Faculty Medicine, Toyama 930-01, Japan
Jpn J Surg; 11(2):84-89 1981

To prevent the gastrointestinal disorders associated with administration of antineoplastic drugs, 89 cancer patients (56 men, 33 women) were divided into two groups. Group I received conventional chemotherapy alone and Group II received chemotherapy in combination with ursodeoxycholic acid (UDCA: 100 mg, tid). Severe to mild anorexia was recorded in 23.8% of the patients in Group II, compared with 63.8% in Group I. The decrease over 5% in body wt was observed in 11.9% of the patients in Group II and in 34% of the patients in Group I. The decrease in the total serum protein of greater than 0.5/g/deciliter was recorded in 11.9% of the patients in Group II and in 44.7% of the patients in Group I. (11 Refs)

21. WHOLE BODY PROTEIN SYNTHESIS AND TURNOVER IN NORMAL MAN AND MALNOURISHED PATIENTS WITH AND WITHOUT KNOWN CANCER.

Norton JA, Stein TP, Brennan MF
(c/o Brennan), Memorial Sloan Kettering Cancer Center, 1275 York Ave., New York, NY, 10021
Ann Surg; 194(2):123-128 1981

Plateau enrichment of 15N-ammonia following 24 hr continuous iv infusion of 15N-glycine was used to measure total body protein turnover and synthesis in normal volunteers and malnourished patients, with and without cancer. The mean postabsorptive total body protein synthesis rate in three normal controls was 2.5 g protein/kg/day. Protein synthesis and turnover decreased by a mean of 23% following 1 wk of fasting, and returned to baseline levels following 1 wk of refeeding. In three malnourished patients without known tumor, whole body protein synthesis and turnover was similar to controls; following 7 to 10 days of total parenteral nutrition (TPN) in the non-tumor-bearing patients whole body protein synthesis and turnover decreased by 18%. Three of seven malnourished patients with known tumors had marked elevations in total body protein synthesis and turnover; TPN increased protein turnover in five of seven patients with known cancer. This study suggests that some malignant tumors can increase whole body protein synthesis and turnover in both the malnourished and fed state. This increase in protein turnover may represent a direct effect of the tumor, or reflect concomitant illness. (Author abstract) (24 Refs)

22. EFFECT OF PARENTERAL NUTRITION ON PROTEIN SYNTHESIS IN ADULT CANCER PATIENTS.

Stein TP, Buzby GP, Rosato EF, Mullen JL
Surgical Res. Lab., Graduate Hosp., Univ. Pennsylvania, Philadelphia, PA, 19146
Am J Clin Nutr; 34(8):1484-1488 1981

The rate of whole body protein synthesis was measured with 15N glycine in three groups of subjects: (1) normal healthy adult controls, (2) semistarved adult patients with upper gastrointestinal tract malignancies and, (3) a group of patients similar to (2) except they were maintained parenterally on a regimen adequate in amino acids and glucose. By comparing the patient results with data obtained from rat studies with 15N glycine we concluded that the patients were protein rather than energy depleted. (Author abstract) (21 Refs)

23. PLASMA FATTY ACID PATTERNS OF BONE MARROW TRANSPLANT PATIENTS PRIMARILY SUPPORTED BY FAT-FREE PARENTERAL NUTRITION.

Clemans GW, Yamanaka W, Flournoy N, Aker SN, Thomas ED, Hutchinson ML, Cheney C

Dept. Nutritional Res. and Services, Div. Oncology, Fred Hutchinson Cancer Res. Center, 1124 Columbia St., Seattle, WA, 98104

JPEN; 5(3):221-225 1981

Development of essential fatty acid (EFA) deficiency was studied in 20 bone marrow transplant patients (10 men, 10 women; 7-38 yr old) receiving the fat-free parenteral nutrition. The group included 15 patients with hematologic malignancies and 5 with aplastic anemia. Bone marrow transplantation was preceded by intensive chemotherapy and whole body irradiation (1,000 R). Monitoring of the plasma fatty acid composition showed significant and rapid decrease in linoleic acid content. EFA status was correlated with oral fat intake, while such factors as age, wt, percentage of ideal body wt, and diagnosis had little effect on development of EFA deficiency. (19 Refs)

24. ALBUMIN METABOLISM IN CANCER PATIENTS WITH WEIGHT LOSS (MEETING ABSTRACT).

Trotter JM, Calne S, Raines G, Gordon S, Bell J, Macauley G, Clark B, Calman KC, Fleck A

Departments of Clinical Oncology and Pathological Biochemistry, University of Glasgow, Glasgow, England

EORTC Symposium on Nutrition of the Cancer Patient, Jan 8-9, 1981, Brussels, Belgium European Organization for Research on Treatment of Cancer; 1981

Albumin metabolism was studied in a group of malnourished cancer patients with serum albumin concentrations less than 30 g/1, none of whom had received cytotoxic chemotherapy within the preceding four wk and all of whom had progressive disease. Enteral hyperalimentation via a fine-bore nasogastric tube was utilized in most patients. Fractional catabolic rate (FCR), transcapillary escape rate (TCER), extravascular to intravascular ratio E/P and fractional synthesis rate (FSR) of albumin were determined by computation after monitoring the distribution and rate of excretion or synthesis of the appropriate radioactive products following iv injections of 131I-albumin, Na125I and Na(2)14CO3. FSR was calculated from measurements of plasma 14C urea, 14C activity in the guanidine carbon of the arginine of albumin and utilizing the radio-iodinated protein decay curve of the catabolic study. Most patients studied had an elevated FCR, TCER and E/P contrary to that expected in uncomplicated protein-energy malnutrition. Some patients demonstrated a reduced or normal FCR consistent with normal adaptation to starvation, and these patients had the best objective response to nutritional support. The FSR values available for two of this latter group exceeded the FCR of albumin during nutritional support. It is concluded that patients with a low FCR have a more normal response to protein-energy deprivation and are more likely to respond to nutritional support with an increase in FSR which exceeds FCR. It is possible that this also applies to whole body protein synthesis. (no Refs)

25. HEART METABOLISM IN CANCER PATIENTS AND IN NON-GROWING SARCOMA-BEARING MICE (MEETING ABSTRACT).

Eden E, Bennegard K, Ekman L, Edstrom S, Karlberg I, Schersten T, Lundholm K

Surgical Metabolic Research Laboratory, Department of Surgery, University of Goteborg, Goteborg, Sweden

EORTC Symposium on Nutrition of the Cancer Patient, Jan 8-9, 1981, Brussels, Belgium European Organization for Research on Treatment of Cancer; 1981

Energy expenditure, mean daily heart rate and the relationship between heart rate and oxygen uptake were measured in cancer patients who had lost more than 10% of their body wt. In heart tissue from non-growing sarcoma-bearing mice were measured: water, protein and RNA content; Cathepsin D and beta-glucoronidase activity; glycogen synthase, glycogen phosphorylase, glycolytic and mitochondrial enzyme activities (Vmax). Cancer patients had increased total and basal energy expenditure compared with controls, which was associated with an increased mean daily heart rate. Progression of cancer cachexia was associated with an impaired relationship between heart rate and oxygen consumption in each individual. Three cancer patients and one anoretic patient without cancer improved their relationship between heart rate and oxygen uptake after enteral nutrition, which also improved body composition in these patients. Sarcoma-bearing mice had increased lysosomal enzyme activities, decreased RNA-content and decreased fat free dry wt in heart tissue. Glycolytic enzyme activities remained normal, but mitochondrial enzyme activities decreased by 10-15% compared with controls (p less than 0.05 for citrate synthase activity). Our results show that the heart metabolism is influenced by the presence of a malignant tumor. The impaired relationship between the heart rate and the oxygen consumption along with the progression of cachexia and the improvement of this relationship after nutritional support is consistant with the following hypothesis: the tumor-influenced heart loses contractile capacity, which leads to increased energy consumption, since the heart rate goes up. (no Refs)

26. TOWARD A NUTRITIONAL CONCEPT OF HOST RESISTANCE TO MALIGNANCY AND INTRACELLULAR INFECTION.

Murray J, Murray A
Dept. Medicine, Univ. Minnesota, Box 385, Mayo Building, University Hospitals, Minneapolis, MN, 55455
Perspect Biol Med; 24(2):290-301 1981

The effects of starvation on resistance to malignancy and intracellular infection are discussed. The authors cite various studies showing that starvation under some conditions increases resistance in man and animals. Interferon and chalones are cited as substances that control growth. Mechanisms are suggested in which control substances induced by starvation bring about lowered circulation and conversion of thyroxin, causing a lowered metabolism rate. Chalones, acting with adrenalin, raise levels of cyclic AMP. This favors degradative energy-producing processes at the expense of mitosis. A reduction in mechanisms producing RNA and DNA makes a cell less favorable as a host for viral infection. Some evidence suggests that factors in the serum of starving animals may suppress malignancy in normally-fed animals. The need to define the nutritional requirements for optimum resistance to cancer and infection is expressed. Caution is urged in modifying the diets of tribal societies with low nutritional standards. Vigorous exploration of dietary manipulation and the use of natural growth inhibitors for the management and prevention of malignancies is proposed. (67 Refs)

27. NUTRIENTS AS MODULATORS OF THE IMMUNE RESPONSE (MEETING ABSTRACT).

Serrou B

Department of Chemo-Immunotherapy, FRA-INSERM N 46, Montpellier Cedex, France

EORTC Symposium on Nutrition of the Cancer Patient, Jan 8-9, 1981, Brussels, Belgium European Organization for Research on Treatment of Cancer; 1981

Present information on hypernutrition is clearly inadequate and often difficult to evaluate since it is based on non-randomized trials in cancer patients and for whom the relationship nutritional state to associated immune response was not clearly established. In addition, the effects on lymphocyte subpopulation functions within this context is far from being thoroughly studied. These, and other factors, lead us to believe that nonspecific global parenteral hyper-alimentation such as is presently employed presents a limited interest in addition to being expensive. We propose a more specific approach to nutritional therapy which would lead to a more specific modulation of the overall immune response. In this way, we have evaluated the effects of lipids on tumor growth in mice and the immune response of patients bearing advanced solid tumors. Our results suggest that 20% intralipids enhance the local tumor growth and the appearance of lung metastasis. Furthermore, after a 3-day 20% intralipids injection, the level of circulating auto-rosette forming cells (T cell subset) drop significantly. These results underline the potential value of lipids to manipulate the immune response and potentially the tumor cell cycle. (no Refs)

28. EFFICACY OF INTRAVENOUS HYPERALIMENATION AS AN ADJUNCT TO CHEMOTHERAPY FOR PATIENTS WITH NON-SMALL CELL LUNG CANCER (MEETING ABSTRACT).

Beck J, Freeman M, Frankmann C, Valdivieso M

M. D. Anderson Hospital and Tumor Institute, Houston, TX

5th Clinical Congress, The Challenge of Modern Clinical Nutrition: Education, Practice and Research, February 2-5, 1981, New Orleans, Louisiana. American Society for Parenteral and Enteral Nutrition 71 pp., 1981.

Response to treatment and survival were examined in 84 patients entering 2 consecutive chemotherapy regimens with or without iv hyperalimentation (IVH). Thirty-three Control patients were compared to 17 patients who received IVH during the first course of chemotherapy (S/IVH) and to 34 patients who received IVH for 10 days prior to and throughout the first course of chemotherapy (P/IVH). Group characteristics were similar only for Control and P/IVH patients. Response favored the P/IVH group over the Control group (24% vs 18%), but was not significant (p.81). Comparison of median survival indicated an advantage (p.04) for Control patients (40.5 wk) vs P/IVH patients (29 wk). Pretreatment nutritional parameters were used to develop subsets of patients in an effort to identify a group in whom IVH was associated with greater survival. IVH did not appear to offer a survival advantage to any group. (no Refs)

29. EFFECT OF TPN AND CHEMOTHERAPY ON PATIENTS WITH OAT-CELL CARCINOMA OF THE LUNG (MEETING ABSTRACT).

Shike M, Feld R, Evans WK, Harrison JE, Jeejeebhoy KN

University of Toronto, Toronto, Ontario, Canada

5th Clinical Congress, The Challenge of Modern Clinical Nutrition: Education, Practice and Research, February 2-5, 1981, New Orleans, Louisiana. American Society for Parenteral and Enteral Nutrition 71 pp., 1981.

Sixteen patients were randomized to receive chemotherapy and either Total Parenteral Nutrition (TPN) or oral diet. Measured basal energy expenditure 1809 +/-157 Kcal/kg exceeded both the expected value of 1358 +/-72 and oral intake. Body wt increased from 65.2 +/-5.2 to 69 +/-4.7 kg on TPN and fell from 63.9 +/-3.9 to 61.4 +/-4.2 kg on oral diet. Wt gain on TPN was entirely due to an increase in body fat from 17.9 +/-2.8 to 20.6 +/-3.1%. On TPN, there was no change in total body nitrogen (TBN), total body potassium (TBK), serum albumin. The values pre- and post-TPN were 1.90 +/-0.16 and 1.84 +/-0.14 kg for TBN, 118 +/-13 and 125 +/-13 g for TBK, 4.1 +/-0.2 and 3.6 +/-0.2 g/dl for serum albumin, respectively. Serum transferrin decreased with oral diet and TPN. Thus, patients with oat-cell carcinoma are hypermetabolic and have an inadequate intake of oral calories. Giving TPN to meet metabolic requirements and 1.5 g protein/kg only increases body fat and does not affect somatic or circulating protein differently than an oral diet. (no Refs)

30. ENTERAL HYPERALIMENTATION AND HEMATOPOIETIC TOXICITY CAUSED BY CHEMOTHERAPY OF SMALL CELL LUNG CANCER (MEETING ABSTRACT).

Lipschitz DA, Mitchell CO

University of Arkansas for Medical Sciences, Little Rock, AR

5th Clinical Congress, The Challenge of Modern Clinical Nutrition: Education, Practice and Research, February 2-5, 1981, New Orleans, Louisiana. American Society for Parenteral and Enteral Nutrition 71 pp., 1981.

Patients with limited disease and moderate malnutrition received Adriamycin, Cytoxan and Vincristine every 21 days. Seven were hyperalimented (3,000 cals/day) for 2 cycles via tube (HA) and 7 received routine care (C). Maximal neutropenia was less for HA during cycle I the mean (+/-1SE)x10(3) cells/ul being 1.4 (+/- .6) and .4 (+/- .3) for C (p less than .01). Rate of recovery were greater and at day 15 the mean was 2.6 (+/- .7) for HA and .9 (+/- .4) for C (p less than .005). The degree of neutropenia was less after cycle II the mean being 2.6 (+/- .5) for HA compared to 1.6 (+/- .6) for C (p less than .005) and at day 42 the value for HA was 4.8 (+/- .4) and was 2.8 (+/- .9) for C. Marrow myeloid precursors were also quantitated on day 10 of cycle I by marrow differentials and erythroid mass determined ferrokinetically. The mean (+/-1 SE)x10(9) cells/kg in the mitotic pool (myeloblasts and promyelocytes) was 2.1 (+/-.5) for HA and .3 (+/-.1) for C (p less than .001). In the maturation pool values were 2.6 (+/-.9) and. 5 (+/-.2) respectively (p less than .001). In contrast storage pools (mature neutrophils) were similar with a mean of .3 (+/-.1) for each. These observations indicate a protective effect of enteral hyperal on hematopoietic toxicity caused by chemotherapy. The degree of marrow suppression is reduced and rate of recovery is increased. (no Refs)

31. A PROSPECTIVE RANDOMIZED STUDY OF ADJUVANT PARENTERAL NUTRITION IN THE TREATMENT OF ADVANCED DIFFUSE LYMPHOMA: INFLUENCE ON SURVIVAL.

Popp MB, Fisher RI, Wesley R, Aamodt R, Brennan MF

Surgical Service, Cincinnati V.A. Medical Center, 3200 Vine St., Cincinnati, OH, 45220

Surgery; 90(2):195-203 1981

The efficacy of adjuvant parenteral nutrition (PN) in cancer patients is not well defined. Twenty-one of 42 patients with advanced diffuse lymphoma were randomly selected to receive PN during an aggressive program of multiple-drug chemotherapy. These patients received 56 courses of central venous PN support during the first 14 days of the 28-day cycles of early and late phases of chemotherapy. PN patients received an av of 2,216 kcal/day, and their oral intake was 836 kcal/day during therapy. PN patients had marked wt gains, and standard nutrition (SN) patients had stable weights both during cycles of therapy and over the entire course of therapy. Lean body mass, as indicated by total body potassium, anthropomorphic measurements, serum albumin, creatinine-to-height ratio, total iron-binding capacity, and total lymp hocyte count, was not improved in PN patients as compared to SN patients. PN therapy was complicated by symptomatic subclavian vein thromboses, septic catheters, and pneumothoraxes. The actuarial survival rate at 2 yr was 68.8% +-10.9% (estimate +- SD) for PN patients and 65.8% +-12.2% (estimate +- SD) for SN patients. These results suggest that the wt gained by PN patients was composed of fat, water, or both. A lack of improvement in nutritional status and survival rates and a significant complication rate were associated with adjuvant PN during chemotherapy. (Author abstract) (25 Refs)

32. APPLICATION OF TOTAL PARENTERAL NUTRITION (TPN) AGAINST ADVANCED CLINICAL EFFECTS OF CONTINUOUS INTRAVENOUS ADMINISTRATION OF FUTRAFUL IN COMBINATION THERAPY.

Takahashi M, Asai T, Miura Y, Machida T, Kano K, Ikeuchi H, Yoshida K

Dept. Surgery, Miyagi Prefectural Center for Adult Diseases, Natori-shi, Miyagi Pref. 981-12, Japan

Gan To Kagaku Ryoho; 8(2):314-322 1981

Out of 311 TPN cases since 1974, 99 cases of advanced cancer (8 carcinomas of the esophagus, 57 stomach cancers, 7 carcinomas of the large intestine, 11 cancers of the liver and/or bile duct and/or pancreas, and 16 other malignant tumors) were evaluated. Effect of TPN against advanced cancer differed significantly with regard to the prognosis of the patients, depending upon the condition of the disease, and there was a limited effect in cases of hemorrhage and jaundice. On the other hand, the 5-fluorouracil (5-FU) level was high in the blood and tumor tissue after combination of continuous iv infusion of 1,200 mg/body/day of Futraful and the 5-FU level in the tissue:in the blood ratio was about 3.0. Side effects were relatively mild and a clinical response was observed in 11 out of 26 cases (42.3%) of advanced cancer. (Author abstract) (25 Refs) (In JPN)

33. IV HYPERALIMENTATION AND CHEMOTHERAPY FOR STAGE III TESTICULAR CANCER: A RANDOMIZED STUDY.

Samuels ML, Selig DE, Ogden S, Grant C, Brown B

Section General Medicine and Clinical Oncology, Dept. Medicine, Univ. Texas System Cancer Center, M. D. Anderson Hosp. and Tumor Inst., 6723 Bertner Ave., Houston, TX, 77030

Cancer Treat Rep; 65(7/8):615-627 1981

Thirty evaluable patients with Stage III metastatic testicular cancer were prospectively randomized to receive iv hyperalimentation (IVH) starting on day 1 of hospitalization. There were 16 IVH patients and 14 control patients and a total of 88 evaluable trials. The IVH patients received 35 kcals/kg/day of 25% dextrose with 4.25% amino acids, while control patients received 3 liters/day of 5% dextrose in 0.5 normal saline when gastrointestinal side effects from chemotherapy impaired the normal ingestion of food and fluids, usually by treatment day 3 or 4. Chemotherapy was started on hospital day 2 and consisted of vinblastine plus bleiomycin, with a second randomization to low-dose cisplatin (75 mg/m(2)) with the first and third courses. Four courses were programmed for each patient. IVH successfully blunted wt loss from the gastrointestinal side effects of chemotherapy. Granulocytopenia was severe in both groups. The mean leukopenia nadir, nadir day, and recovery day also showed no significant clinical differences. The control group developed two cases of bacteriologically proven septicemia, while the IVH group developed five cases of bacteriologically proven septicemia and two of pneumonia. The one death from infection was due to Klebsiella pneumoniae pneumonia, which appeared on treatment day 4 and produced death on day 8. The increased number of life-threatening infections in the IVH group was significant (p = 0.047). Seventy-two percent of the IVH patients were hyperglycemic during the early part of the trials and this may have been an important etiologic factor. The mean duration of IVH was 48 days for noninfected patients and 18 days for infected patients. The complete response rate for the IVH patients was 63% while the complete response rate was 79% (p = 0.29) for the control patients. With the addition of surgery for residual disease and secondary salvage chemotherapy, the complete response and probable cure rates are greater than 75% for the entire population. (28 Refs)

34. TOTAL PARENTERAL NUTRITION IN CANCER PATIENTS.

Dindogru A, Pasick S, Rutkowski Z, Leichman LP, Vaitkevicius VK

Dept. Oncology, Wayne State Univ., 3990 John R., Detroit, MI, 48201

JPEN; 5(3):243-245 1981

The efficacy of total parenteral nutrition (TPN) was evaluated in 121 cancer patients (57 men, 64 women; av age 57 yr). The av albumin level prior to TPN was 3.1 g%; the wt loss was 6.7 kg/patient. The median duration of TPN course was 24.6 days. Of 121 patients, 41 received TPN for less than 2 wk (av wt gain was 2.6 kg/patients) and 80 received TPN for greater than 2 wk (av wt gain was 4.5 kg/patient). Complications included pneumothorax (2.2%) and septicemia (6.7%). Mild to moderate metabolic complications (hyper- and hypoglycemia, hyponatremia, hyper- and hypokalemia, hypomagnesemia, and hypophosphatemia) were relatively common. (13 Refs)

35. EFFECT OF CYTOTOXIC AGENTS ON PROTEIN KINETICS IN PATIENTS WITH METASTATIC CANCER.

Herrmann VM, Garnick MB, Moore FD, Wilmore DW
Dept. Surgery, St. Louis Univ. Hosp., 1325 S. Grand Blvd., St. Louis, MO, 63104
Surgery; 90(2):381-387 1981

Because marked body wasting frequently occurs in hospitalized cancer patients, we have assessed protein kinetics in patients with metastatic cancer undergoing chemotherapy. Seven male patients with histologically confirmed stage III testicular carcinoma were studied before and after administration of triple-drug chemotherapy (Vinblastine, Cis-platinum, and Bleomycin). All patients received continuous iv feedings to provide exactly 30 kcal/kg/day and 1 g of protein/kg/day, and all excreta were collected to determine nitrogen balance before and after therapy. In five individuals the stable nonradioactive isotope, 15N-labeled glycine, was added to the infusate. After adequate equilibration, urinary urea enrichment with 15N was determined, and protein flux (Q), synthesis (S), and catabolism (C) were calculated by means of the model described by Picou and Taylor-Roberts. Nine studies in four age-matched normal individuals receiving similar nutritional support served as controls. This group of cancer patients maintained nitrogen balance when receiving adequate nutritional support prior to chemotherapy, as did the normal control subjects. However, following administration of chemotherapy, patients showed worsening of nitrogen balance in spite of maintenance of nutritional intake. Q, S, and C in the cancer patients with advanced testicular carcinoma prior to Course I of chemotherapy did not differ significantly from those values in the normal control subjects. The mean Q value in the cancer patient with disseminated disease was 38.8 +-3.3 g N/day and in the control group Q = 39.5 +-2.5 g N/day. The mean value for C and S in the cancer patient group did not differ significantly from those values in the control subjects and reflected the overall nitrogen equilibrium of these patients. However, all three parameters, Q, S, and C, differed significantly from the prechemotherapy values. Following chemotherapy, the mean Q decreased 23%, the mean S value decreased 34%, and the mean C value decreased 30%. Throughout the entire study, nutritional intake was maintained. These studies emphasize the impact of cytotoxic therapy on disruption of lean body mass, supporting the concept that vigorous nutritional support is essential during aggressive cancer therapy. (Author abstract) (28 Refs)

36. LACTIC ACIDOSIS IN PEDIATRIC PATIENTS WITH CANCER RECEIVING TOTAL PARENTERAL NUTRITION.

Merritt RJ, Ennis CE, Thomas DW, Sinatra FR
Nutrition Support Team and Gastroenterology Program, Childrens Hosp. Los Angeles, 4650 Sunset Blvd., Los Angeles, CA, 90027
J Pediatr; 99(2):247-250 1981

The charts of five oncology patients (three males and two females, aged 2-13 yr) receiving total parenteral nutrition (TPN) who developed lactic acidosis were reviewed. Diagnoses were lymphoma, sarcoma, or neuroblastoma. The TPN soln contained 25% glucose and 4% Freamine with electrolytes, vitamins, minerals, and trace elements. All patients were receiving or had received chemotherapy for their underlying disease. At the time of development of acidosis, infused glucose dose was 6.0-16.0 mg/kg/min. Lowest observed serum bicarbonate in mEq/liter ranged between 3 and 12; highest serum lactate varied between 4.2 and 22.0 mEq/liter. Anion gap was 22-33 mEq. Lethargy and/or Kussmaul breathing accompanied acidosis. Therapy consisted of decreasing the glucose infusion rate and adding base (acetate or bicarbonate). Two of the acidoses were resolved; the remaining three patients died. Two cases are reported in detail. It is suggested that glucose based TPN may lead to lactic acidosis in some patients with cancer. During an 18 mo span in the same hospital, 5 of 25 pediatric cancer patients receiving TPN developed lactic acidosis. In patients with disseminated tumors, routine monitoring of blood lactate may be indicated when TPN is used for supportive or adjunctive therapy. (10 Refs)

37. DETERMINATION OF PRIMARY TASTE THRESHOLDS IN CHILDREN WITH LEUKEMIA UNDERGOING MARROW TRANSPLANTATION (MEETING ABSTRACT).

Barale K, Aker S, Martinsen C
Nutritional Research and Services, Fred Hutchinson Cancer Research Center, University of Washington, Seattle, WA
5th Clinical Congress, The Challenge of Modern Clinical Nutrition: Education, Practice and Research, February 2-5, 1981, New Orleans, Louisiana. American Society for Parenteral and Enteral Nutrition 71 pp., 1981.

Taste threshold for the 4 basic tastes were determined to assess taste impairment in 11 children with acute leukemia undergoing bone marrow transplant after preparation with cyclophosphamide (CY), 60 mg/kg and 1000r total body irradiation (TBI), and in 20 control children. Thresholds were measured on admission at 2 and 45 days after transplant, using the Up-Down Staircase method. No significant difference was noted between patients at admission and the control group for sweet, bitter, or salt as analyzed by Student t-test. There was a significant difference between patients and controls for an increased sour threshold (p equals 0.006). The paired Student t-test analysis showed day 2 and day 45 post-transplant values to be not significantly different from admission values, except for salt which was increased at day 2 (p equals 0.016). Day 2 sweet thresholds were increased in 6 patients, but this was not significantly different. These findings are in contrast to other published studies, and may be due to differences in methodologies or patient populations. The threshold changes indicate taste impairment for sour before transplant, as well as impairment for salt taste after CY and TBI used as preparation for transplant. (no Refs)

38. IS TASTE RELATED TO ANOREXIA IN CANCER PATIENTS? (MEETING ABSTRACT).

Trant AS, Serin J, Douglass HO
Roswell Park Memorial Institute, Buffalo, NY
5th Clinical Congress, The Challenge of Modern Clinical Nutrition: Education, Practice and Research, February 2-5, 1981, New Orleans, Louisiana. American Society for Parenteral and Enteral Nutrition 71 pp., 1981.

Intensity and pleasantness of 5 suprathreshold concentrations each of citric acid, NaCl, urea, and sucrose in common beverages was scaled by 62 patients with tumors in upper gastrointestinal or bronchial areas, 22 of whom had chemotherapy within the mo prior to testing. Patients were categorized as anorectic or not based on their subjective self-rating of appetite unless the reduction was due only to complications of the disease process (eg, nausea, surgery, obstruction, etc) and their desire for food. Few differences were found among the intensity and hedonic responses of anorectic and nonanorectic patients. Intensity functions increased logarithmically with concentration of sour, salty, bitter, and sweet stimuli (r^2 equals 0.99, 0.99, 0.97, and 0.98, respectively) with few variations. Hedonic functions for sour, salty, and bitter stimuli generally decreased with concentration, whereas hedonic responses to sweet stimuli showed great variation among individuals and appetite groups. Clinicians should appreciate that taste perception at intensity levels normally consumed is not altered in the anorexia of malignancy, but food preferences fluctuate. The influential role of smell in 'taste' merits further study. (no Refs)

39. ODOR AVERSIONS IN CANCER PATIENTS.

Vickers Z M, Nielson SS, Theologides A
Food Science and Nutrition Building, Univ. Minnesota, 1334 Eckles Ave., St. Paul, MN, 55108
Minn Med; 64(5):277-279 1981

One hundred and thirty-three cancer patients (59 males, 74 females; aged 18-83 yr, mean age 58) were tested for altered perception to 10 specific food odors. Only the subgroup of patients with food aversions found four of the odors (chocolate, pork, beef, and chicken) significantly less pleasant than the controls. No significant difference was noted between patients treated with chemotherapy and those not so treated. Thus, alterations in the sense of smell and taste contribute significantly to the development of food aversions and to the decreased food intake of cancer patients. (12 Refs)

40. AN UNUSUAL DIET FOR AN UNUSUAL HANDICAP.

Oser J
Utica Coll., Syracuse Univ., New York, NY
Nutr Today; 16(3):24-25 1981

The nutritional problems of a 59-yr-old man with cancer of the floor of the mouth who had to have the larynx, tongue, and lower jaw removed are discussed. All food and drink must be taken through a tube inserted into the mouth and down to the stomach. Preparation of the patient's meat meals and fruit is described in detail. (no Refs)

NURSING CARE

41. UTILIZATION OF HEALTH CARE PROFESSIONALS TO PROMOTE A PROGRAM FOR EARLY DETECTION OF BREAST CANCER (MEETING ABSTRACT).

Fallon GA
St. Joseph Hospital, Houston, TX, 77002
6th Annual Congress of the Oncology Nursing Society, May 4-6, 1981, Baltimore, Maryland. The Oncology Nursing Society 104 pp., 1981.

A project has been initiated by the Department of Nursing Education in cooperation with the Breast Cancer Detection Center at St Joseph Hospital in Houston, Texas to educate women about the importance of early detection of breast cancer. The awareness efforts began with a community seminar to provide health care professionals with information on detection, diagnosis, breast assessment, treatment modalities, reconstruction and rehabilitation relating to breast cancer. Guest speakers from various disciplines included; a pathologist, radiologist, a nurse practitioner in breast assessment, a surgeon in oncology, a physical therapist, and plastic surgeon. A main objective was to emphasize the practice of monthly self-examination of the breast to detect early breast changes. Nursing professionals at the hospital will continue to teach the practice of self-examination of the breast to female hospital employees through the employee health services department. Plans are underway to provide an educational community program for the public which will emphasize the important role a woman has in early detection. Nursing professionals in all settings can be instrumental in initiating an awareness of the need for early detection of this leading cause of death in women. (no Refs)

42. TESTICULAR SELF-EXAMINATION (MEETING ABSTRACT).

Krebs SK, Alt JM
The University of Texas System Cancer Center, M. D. Anderson Hospital and, Tumor Institute Houston, TX, 77030
6th Annual Congress of the Oncology Nursing Society, May 4-6, 1981, Baltimore, Maryland. The Oncology Nursing Society 104 pp., 1981.

The purpose of this paper is to present nursing interventions that can be utilized in teaching testicular self-examination. Testicular carcinoma presently accounts for approx 2% of the neoplasms found in the male population, with a peak incidence between the ages of 15 and 44. Early detection is a crucial factor affecting methods of treatment and is vital in terms of patient survival. At the present time, little information regarding testicular carcinoma and testicular self-examination has been disseminated to the general public by the health professions. Therefore, it is necessary that the professional nurse as a primary health care giver and health educator assume an active posture in providing meaningful, current, and accurate information to our consumers. This paper includes information regarding the incidence and etiology of testicular tumors, signs and sympoms of the disease process, basic treatment modalities, and effects of treatments relative to sexual response and propagation. In conclusion, information and educational aides will be presented to describe the techniques for teaching testicular self-examination. (no Refs)

43. SURGICAL REHABILITATION OF THE LARYNGECTOMY PATIENT (MEETING ABSTRACT).

Lynn SB
University of Virginia Medical Center, Charlottesville, VA, 22908
6th Annual Congress of the Oncology Nursing Society, May 4-6, 1981, Baltimore, Maryland. The Oncology Nursing Society 104 pp., 1981.

The purpose of my paper is to discuss the role of the nurse in a new surgical procedure the Division of Head and Neck Oncology in the Department of Otolaryngology and Maxillofacial Surgery at the University of Virginia is now doing to restore voice to the patient who has lost his larynx due to cancer or to a laryngeal injury. The procedure is used when the patient does not respond to other methods of treatment. We have performed 29 cases to this date. Two have nonfluent voices due to pharyngoesophageal spasms. Seven inadvertently lost their prosthesis and 20 have excellent voices. This surgical procedure requires less than 30 min to do and consists of making a small opening from the trachea into the esophagus of the laryngectomy patient. A size 14 red catheter is inserted into the tracheo-esophageal puncture and left in place. After the swelling has receded 48 hr later, a small silicone prosthesis or duckbill is inserted into the opening allowing the patient to talk. The nurse's responsibility is to educate the patient and prepare him for home care of the prosthesis. In addition the role of the nurse has been expanded in this procedure to include the initial fitting and determination of the proper sized prosthesis. The techinques of fitting and securing the prosthesis will be presented along with the pitfalls and problems encountered in the care of our first 29 patients. This procedure expands the role of the oncology nurse further into rehabilitation. Her role is essential to the success of this procedure which requires a multi-disciplinary effort. (no Refs)

44. LEUKEMIA. THE ACUTE AND CHRONIC LEUKEMIAS.

Houlihan NG, Feeley AM
Memorial Sloan-Kettering Cancer Center, New York, NY
Cancer Nurs; 4(4):323-328 1981

This programmed instruction unit on the acute and chronic leukemias consists of short segments of information (ie, frames) followed by test items based on the information. The correct responses are provided for each set of tests. The unit is intended to enable nurses to classify the acute leukemias according to the French-American-British system and to identify the incidence, diagnostic indicators, signs and symptoms, treatment approach, and prognosis for acute lymphoblastic and acute nonlymphoblastic leukemia and for chronic lymphocytic and chronic myelogenous leukemia. A test of this knowledge is included. (no Refs)

45. CHEMOTHERAPY: HELPING PATIENTS TO KNOW THE DRUGS THEY ARE RECEIVING AND THEIR POSSIBLE SIDE EFFECTS.

Dodd MJ, Mood DW
Dept. Nursing in Biological Dysfunction, Univ. California, San Francisco Sch. Nursing, San Francisco, CA
Cancer Nurs; 4(4):311-318 1981

Two studies were conducted to determine the knowledge cancer patients receiving chemotherapy have about their drugs and to determine the role of the nurse in reviewing chemotherapy informati on with cancer patients. The first, a descriptive study, sought to determine how much information was retained from the informed consent procedure by adult oncology patients receiving chemotherapy for a variety of malignancies. A lack of knowledge of chemotherapy was found in the sample. In the second study subjects were randomly assigned to receive an information visit by a nurse after the physician had obtained informed consent. Subjects receiving the information visit showed greater accuracy of recall 3-4 wk later than the control subjects who received a noninformative visit by the nurse. The experimental group (information group) recognized significantly more of the names of the drugs than did the control group ($t(22) = 2.73$, p less than 0.05). Their experimental group also recognized significantly more of the possible side effects of the drugs ($t(22) = 3.21$, p less than 0.01), and of their lethal side effects $t(22) = 2.22$, p less than 0.01). (Author abstract) (15 Refs)

46. MAXIMUM TUMOR TREATMENT WITH MINIMAL SYSTEMIC EFFECT-WAVE OF THE FUTURE (MEETING ABSTRACT).

Doan K, Ensminger W
The University of Michigan Hospital, Ann Arbor, MI, 48109
6th Annual Congress of the Oncology Nursing Society, May 4-6, 1981, Baltimore, Maryland. The Oncology Nursing Society 104 pp., 1981.

Nursing care has focused on supportive patient care during treatment and toxicity responses, monitoring and/or administration of chemotherapy drugs. Clinical pharmacologic studies now suggest that the appropriate drug agent delivered to localized tumor can maximize tumor kill and produce minimal systemic side effects. New drug delivery systems to treat ip, liver, meningeal, and brain diseases are being developed to accomodate this new focus in cancer treatment. Oncology nurses will need to develop new skills to care for new delivery systems such as implantable pumps, injection ports, external hepatic arterial and ip lines. We use external hepatic arterial and venous lines to obtain blood samples for clinical pharmacological studies and to deliver therapeutic drugs. New nursing skills and knowledge of hepatic line maintenance have been developed to facilitate this delivery system and enhance patient understanding and safety. External hepatic lines are placed angiographically or by surgical implantation. Risk factors are: occlusion, traumatic displacement of line, infections, thrombosis and rapid arterial bleeding. Nursing skills and improved nursing knowledge of external hepatic lines have facilitated this new delivery system and has enhanced patient safety. (no Refs)

47. NURSING IMPLICATIONS IN INTERFERON ADMINISTRATION (MEETING ABSTRACT).

Jamaldin FK, Sergent R
Granville C. Morton Cancer and Research Hospital, Dallas, TX, 75235
6th Annual Congress of the Oncology Nursing Society, May 4-6, 1981, Baltimore, M aryland. The Oncology Nursing Society 104 pp., 1981.

Interferon is a natural protein produced by the body in response to a viral infection. Recent research has shown that interferon has anti-cancer activity and has been found to cause tumor shrinkage in certain forms of cancer. Supply however, is limited and only a few nurses have had the opportunity to administer the drug. At a research institute in the southwestern United States, interferon is produced in the laboratory from WBC. The interferon is administered by nurses to a selected patient population. In order to better monitor the effects of the drug, a research study will be conducted. The clinical research study will identify local and physiologic reactions to interferon and propose specific nursing interventions. A total of 30 interferon administrations will be monitored. The study will be conducted in a 110-bed oncology and hematology hospital in the southwestern United States. An interferon flow sheet has been designed and will be used as a tool to collect the data. The method of producing human WBC interferon will also be described. (no Refs)

48. THE BREAST RECONSTRUCTION INVENTORY: AN OBJECTIVE MEASURE OF KNOWLEDGE, ATTITUDES AND EXPECTATIONS IN REGARD TO BREAST RECONSTRUCTION (MEETING ABSTRACT).

Carroll RM, Thomas SG
School of Nursing, University of California, Los Angeles, CA, 90024
6th Annual Congress of the Oncology Nursing Society, May 4-6, 1981, Baltimore, Maryland. The Oncology Nursing Society 104 pp., 1981.

In a recently completed study by Thomas at UCLA, 100 women who had recently undergone modified radical mastectomies were interviewed regarding their attitudes toward breast reconstruction. 53% had little or no knowledge about this procedure. As a consequence of this finding, the authors identified a need for more objective measure of the knowledge, attitudes, and expectations of individuals in regard to breast reconstruction. The newly developed tool is currently being used in a prospective study of the impact of breast reconstruction on the psychosocial rehabilitation of breast cancer patients. The Breast Reconstruction Inventory (BRI) was developed in consultation with plastic surgery nurses and plastic surgeons. The tool, as designed, is a paper and pencil test made up of 37 true-false statements, 7 multiple-choice items and 47 Likert scale items. The test can usually be completed in 15 min and is easily scored. Four areas of applicability have been identified: 1) as a tool for formal nursing research; 2) to aid nurses and physicians in identifying pre-consultation knowledge levels and misapprehensions regarding breast reconstruction in mastectomy patients and their significant others; 3) to direct patient education to specific areas of need; and 4) to assess the effects of patient education and highlight areas needing further clarification. Data will be presented to detail the use of the BRI in these 4 areas. (no Refs)

49. ONCOLOGY UNIT NURSE - STAFFING STUDY (MEETING ABSTRACT).

Haylock PJ
Saint Francis Memorial Hospital, San Francisco, CA, 94109
6th Annual Congress of the Oncology Nursing Society, May 4-6, 1981, Baltimore, Maryland. The Oncology Nursing Society 104 pp., 1981.

This staffing study was conducted to determine what the '6.0' nursing hr per patient day means in relationship to actual patient care delivered. The 37-bed multidisciplinary oncology unit at Saint Francis Memorial Hospital is currently using team nursing and is budgeted to run at 6.0 nursing hr per patient day. 6.0 hr appears to be the national av for oncology units. Results of the study indicate that even the most critically-ill cancer patient, who could be leukopenic, thrombocytopenic, septic, etc, receives no more than four hr of direct care over a 24 hr period. The data documents significant differences in time requirements based on patient acuity, while standard staffing formulas are based on patient census. The 6.0 figure is artificially inflated by the inclusion of non-direct care personnel assigned to the unit; the head nurse and the unit secretary. This study verifies the vital necessity of evaluation and change in current nurse staffing methods which will be consistent with our goals of safe, quality, comprehensive nursing care delivery and staff development, motivation, and morale. Nowhere are these needs more crucial than in units providing for the complex, intensive, care requirements of people and their cancer. (no Refs)

50. A COOPERATIVE APPROACH TO PATIENT CARE (MEETING ABSTRACT).

Kaled TJ, Henderson B, Houston G
M. D. Anderson Hospital and Tumor Institute, Houston, TX, 77030
6th Annual Congress of the Oncology Nursing Society, May 4-6, 1981, Baltimore, Maryland. The Oncology Nursing Society 104 pp., 1981.

Cancer, as a chronic disease, progresses along a continuum of illness with episodes of exacerbations and remissions. During the acute or exacerbative phase, the patient/client may be hospitalized. However, most patients spend a large percentage of their time at home. Rather than viewing patient/client as only acutely ill, the investigators view them as experiencing an acute phase of a chronic illness which requires episodic care in a hospital setting and continued care at home. Based on this viewpoint a Family Cooperative Care approach to caring for the patient with a neoplastic disease was adopted. Self care is the nursing framework used for patient management. The aim of this approach is to incorporate the patient/client's usual support system, the family, into care normally rendered by nursing personnel in the secondary setting. Specifically, family members will participate in the care of the patient after attending formal classes. Likewise, family members will receive instruction in the care of the patient/client at home. The formulation of this unit was the result of a cooperative effort made among the administrative, clinical, educational and research portions of the department of nursing. Although this unit is in its early evaluative phase, it is the intention of this group to ultimately measure the quality of care, nurse and patient satisfaction levels and other related variables. (no Refs)

51. THE ROLE OF THE CLINICAL SPECIALIST IN CANCER NURSING BRIDGING THE GAP BETWEEN THEORY AND PRACTICE (MEETING ABSTRACT).

Yasko J, Donoghue M
University of Pittsburgh School of Nursing, Pittsburgh, PA, 15261
6th Annual Congress of the Oncology Nursing Society, May 4-6, 1981, Baltimore, Maryland. The Oncology Nursing Society 104 pp., 1981.

The role of a clinical specialist in cancer nursing is a relatively new role in the nursing profession, but one that has increasingly gained acceptance in health care agencies in recent times. New practitioners of the role often relate that they experience difficulty in 'bridging the gap' between the theory associated with the role and the practice of the role. Often, the new practitioner is the first person to function in the clinical specialist role in a particular health care agency, so role modeling is not possible. Several strategies have been developed and are integrated in a graduate clinical specialization program to assist the clinical specialist in the implementation of the role in the clinical setting. The strategies are introduced early in the program and the student is given the opportunity to implement the strategies during the last term of the program. Introduction of the role to the system, analysis of the organizational system, identification and prioritization of needs and the development of a personal philosophy of cancer nursing are examples of strategies that are utilized to bridge the gap between the theory and the practice of the roles of a clinical specialist. (no Refs)

52. OR NURSING CARE OF CANCER PATIENTS.

Watson SC
Memorial Sloan-Kettering Cancer Center, New York, NY
AORN J; 34(2):215-222 1981

The role of the operating room nurse in the pre-, intra-, and post-operative care of cancer patients is described. A preoperative assessment, ideally performed in the patient's room the evening before surgery, includes physiological and psychological information, along with the determination of the extent of surgery possible for the patient. Supplies and equipment must be made available for any possible but unscheduled procedures. During the intraoperative period the nurse must consider the risk of infection, the route of possible tumor spread and metastasis, the possibility of tumor dissemination or seeding, methods of excision, means of tissue manipulation, equipment discard technics, and the rule of 'clean to contaminated'. Other considerations include patient positioning, blood loss, and accurate disposition of surgical specimens. (4 Refs)

53. EDUCATION OF THE COMMUNITY NURSE IN THE ADMINISTRATION OF CHEMOTHERAPEUTIC AGENTS (MEETING ABSTRACT).

Gribbons CA, Prendergast ME
Regional Oncology Program of University Hospital, Boston, MA, 02118
6th Annual Congress of the Oncology Nursing Society, May 4-6, 1981, Baltimore, Maryland. The Oncology Nursing Society 104 pp., 1981.

A major trend in cancer care is to treat the cancer patient in his own community. In order to prepare the community registered nurse assigned to staff the oncology clinic for this expanded role, a comprehensive chemotherapy course was designed. The course format includes: a) Didactic lecture and discussion, b) Home and classroom workbook exercises and c) Clinical practicum. Lecture and discussion focus on the following areas: Nature of cancer as a foundation, cellular kinetics and basic principles of cancer chemotherapy, the drugs including side and toxic effects with major emphasis on specific nursing interventions, calculation of drug dosage, hormonal therapies including indications side and toxic effects, the interpretation of laboratory data, principles of venipuncture in relation to chemotherapy, principles of immunotherapy, National Cooperative Clinical Trials, and psychosocial issues in cancer treatment. In conjunction with the classroom lecture each learner is provided with a workbook to correlate and reinforce learning. The learner must achieve an 80% score on the final examination to qualify for the clinical practicum component. In the clinical setting the nurse is supervised by the nurse educator who serves as a role model for the newly prepared chemotherapy nurse. To date, 15 registered nurses have participated in the course, 13 have successfully completed all of the requirements and 11 nurses are currently practicing in community oncology clinics. (no Refs)

54. SURVEY OF CANCER CONTENT AND UTILIZATION OF RESOURCES IN CURRICULA OF ILLINOIS SCHOOLS OF NURSING (MEETING ABSTRACT).

Groenwald SL, Stewart M

Illinois Cancer Council Comprehensive Cancer Center, Chicago, IL, 60603

6th Annual Congress of the Oncology Nursing Society, May 4-6, 1981, Baltimore, Maryland. The Oncology Nursing Society 104 pp., 1981.

The purposes of this survey were: 1) to obtain information about the type and amount of cancer content included in curricula of Illinois nursing schools; and 2) to identify resources utilized by faculty responsible for teaching the content to student nurses. All 82 schools of nursing in Illinois were surveyed. Questionnaires were sent to the faculty identified by the dean/director of each school to be responsible for teaching cancer content. Information obtained from the survey includes cancer-related topics covered in the curricula, percentage of time devoted to cancer in relation to total curriculum, types of readings assigned, and resources utilized in preparation and delivery of content. Preliminary analysis of the data indicates that: 1) all schools include some cancer content in their curricula; 2) faculty are often assigned to teach cancer content even though they may not be formally prepared to do so; 3) few resources are used for teaching cancer content; 4) readings are assigned primarily from basic medical-surgical nursing texts. Results of this survey will provide direction for planning strategies to increase faculty awareness of available resources and for planning cancer continuing education programs for faculty. (no Refs)

55. PROFESSIONAL/PERSONAL STRESSES AND COPING METHODS OF ONCOLOGY NURSES (MEETING ABSTRACT).

Avent RA, Maisiak RS, Cain MC, Reymann PE, Yarbro CH
University of Alabama in Birmingham Medical Center, Birmingham, AL, 35294
6th Annual Congress of the Oncology Nursing Society, May 4-6, 1981, Baltimore, Maryland. The Oncology Nursing Society 104 pp., 1981.

The purpose of this study was to identify the different types of personal and professional stressors and the coping mechanisms of oncology nurses. A secondary purpose was to investigate the relationships between weekly nursing duties and stress. A total of 68 oncology nurses were studied by weekly questionnaires over a six wk period. In addition to biographical data, nurses were asked each wk to identify their professional and personal stresses and job activities and to complete a validated test of anxiety. The nurses involved with clinical research trials on the inpatient unit reported a significantly higher level of anxiety as compared to those nurses in the outpatient clinics. In order of highest to lowest frequency, the professional stressors included relationships with patients, difficult interactions with physicians, size of the work load, conflict with coworkers, dealing with the bureaucracy, excessive paper work, and the critical nature of cancer patient care. Personal stressors included difficult family relationships, shortage of time, financial problems, lack of primary relationships or satisfying social life, conflict between work and home, management of household chores, and health problems. In order to combat stress and prevent burnout, various coping methods were reported. These methods included talking, thinking/rationalizing, exercise, positive thinking, various aspects of socializing, prayer, making time for oneself, and participation in various hobbies or entertainment. Relationships between weekly stress levels and nursing duties were statistically analyzed. (no Refs)

56. CHROMOSOME ANALYSES OF NURSES HANDLING CYTOSTATIC AGENTS.

Waksvik H, Klepp O, Brogger A
Norsk Hydro's Inst. Cancer Res., Montebello, Oslo 3, Norway
Cancer Treat Rep; 65(7/8):607-610 1981

A cytogenetic study of 10 nurses handling cytostatic agents (av exposure, 2,150 hr) and 10 female hospital clerks revealed an increased frequency of chromosome gaps and a slight increase in sister chromatid exchange frequency among the nurses. The increase may be due to exposure to cytostatic drugs and points to these agents as a possible occupational health hazard. A second group of 11 nurses handling cytostatic agents for a shorter period of time (av exposure, 1,078 hr), and three other groups (8 nurses engaged in therapeutic and diagnostic radiology, 9 nurses engaged in anesthesiology, and 7 nurses in a postoperative ward) did not differ from the office personnel, except for an increased frequency of chromosome gaps in the radiology group. (Author abstract) (27 Refs)

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SERIES CT20 No. 82/02

FEBRUARY, 1982

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PHYSICAL REHABILITATION

1. CANCER CHEMOTHERAPY AND MARIJUANA.

Ungerleider JT, Andrysiak T, Fairbanks L, Goodnight J, Sarna G, Jamison K

Dept. Psychiatry and Biobehavioral Sciences, Univ. California at Los Angeles, Los Angeles, CA

UCLA Cancer Cent Bull; 8(3):3-5 1981

Comparison of the effects of delta-9-tetrahydrocannabinol (THC; 7.5-12.5 mg) and Compazine (10 mg) was made in 214 chemotherapy patients using a double-blind crossover protocol. The antiemetic drugs were administered po 1 hr before and 4, 8, and 12 hr after chemotherapy. Ninety-eight patients completed a 1-day trial of each drug in two successive treatment courses, 41 patients received each drug on at least day 1 of two successive multiple-day treatment courses, and 75 patients terminated participation after receiving only THC (33 patients) or Compazine (42 patients). Because 23 different chemotherapeutic agents were used singly or in various combinations in 42 different regimens, the number of patients in any subgroup was small and significant differences were difficult to find. In general, the two antiemetics were equally efficacious in controling nausea and vomiting in all treatment regimens, regardless of

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the severity of side effects. However, there was a subgroup (30%) for whom Compazine was more effective and another (41%) for whom THC was more effective. Patient age did not affect drug performance; influential variables included 'set and setting' (patient's mental state, psychological status, and attitude toward the physical environment where the drug was given) and patient expectation of the drug received. It is not yet possible to predict by age or tumor type who will be helped by THC, but the drug appears to be safe and effective in certain cases. (9 Refs)

2. STUDIES OF INVESTIGATIONAL ANALGESICS AND OF STRATEGIES FOR THE MANAGEMENT OF PAIN WITH ANALGESIC DRUGS.

Beaver WT, Hext M
Div. Medical Oncology, Georgetown Univ. Sch. Medicine, Washington, DC, 20007
Georgetown Med Bull; 34(4):23-25 1981

Heroin and morphine were injected im in a double blind comparison study of treatment for pain in cancer patients. Side-effects for both drugs were similar. Heroin appeared to be approx 2.5x more potent than morphine. Another advantage of heroin is its greater solubility compared to morphine; an equieffective dose can be administered in a much smaller vol. (no Refs)

3. LYSINE ACETYLSALICYLATE BY PARENTERAL APPLICATION FOR THE THERAPY OF CANCER PAIN.

Dick O
Servicos de Cirurgia de Pele, Partes Moles e Clinicancologia, Hospital Santa Rita, Porto Alegre, Brazil
Folha Med; 82(6):675-678 1981

Thirty-eight in-patients (older than 18 yr) with cancer pain syndrome were treated with 900 mg lysin acetylsalicylate, (corresponding to 500 mg acetylsalicylic acid) parenterally in a noncontrolled clinical trial. Three patients were treated iv (total of 30 injections), 35 im (total of 278 injections). The number of injections did not exceed 10 per patient and 4 per day. The pain was of high intensity in two cases, intense in 18, and of moderate intensity in 18. The analgesic effect was very good or good in 88.95% of the 308 injections administered. The analgesic effect developed in approx 23 min after im injection and approx 12 min after iv injection. The mean duration of the analgesic effect was 6 hr and 26 min after im injection, and 7 hr and 6 min after iv administration. The drug was well tolerated by 37 patients. There were no signs of interaction with cytostatics administered concurrently (cyclophosphamide, methotrexate, 5-fluorouracil, and vincristine). (5 Refs) (In POR)

4. HALF-BODY IRRADIATION FOR PAIN RELIEF.

Pene F, Schlienger M, Schmitt T, Izrael V, Kinay M, Aget H, Laugier A
Dept. Radiotherapy, Hopital Tenon, 4 rue de la Chine, 75020 Paris, France
Eur J Cancer Clin Oncol; 17(7):753-758 1981

Half-body irradiation (HBI) is a relatively recent technique in the palliative and analgesic treatment of advanced disease. At Tenon Hospital 21 patients (17 males and 4 females) were treated with this technique (2 upper and lower half-body irradiation, 7 upper half-body irradiation and 12 lower half-body irradiation). The mid-plan dose was 8 grays in one fraction, limited to 6 grays at the level of the lungs. The pain relief effect was excellent in 10 cases and very good in 8 cases. The effect was prompt (before 48 hr) and long lasting. General tolerance was excellent without any pulmonary complication. The hematologic tolerance was good even in the patients previously treated by combined chemotherapy. this irradiation seems to be a major weapon as an antalgic treatment of the advanced solid tumors. It can be proposed as a treatment which will enable tumor reduction in the future. (Author abstract) (9 Refs)

5. SKIN GRAFTS FOR DENTURE CONSTRUCTION ON CANCER PATIENTS AFTER SURGERY.

Edwab RR, Roberts MJ, Sole MS, Rappaport SC
Dept. Oral and Maxillofacial Surgery, Metropolitan Hosp. Center, New York, NY
NY State Dent J; 47(7):385-387 1981

Successful oral surgical reconstruction for patients lacking a lingual vestibule on the side of the mouth previously submitted to cancer resection is described. In two cases (male, 56 and 64 yr old) 6 and 3 mo, respectively, after surgery, examination disclosed completely edentulous mandibles, inability to protrude the tongue adequately, attachment of the affected lateral border to the alveolar crest, and difficulty in speech and swallowing. Under nasotracheal anesthesia, a split thickness (in one case approx 2.0 x 5.0 x 0.018 inch) skin graft was removed from non-hirsute lateral thigh. In the oral cavity a crestal incision was carried from the retromolar pad area to mandibular midline; the fibrous band of tissue which had developed from the previous surgical procedure was excised. After placing the skin graft raw side out on an acrylic stent, the stent was placed into the problem site and the edges sutured to the lateral border of the tongue. Stent and graft were wired into place with circummandibular wires. Within 10 days graft attachment had taken place and excess graft had sloughed; lingual sulcus was present. Mandibular wires and stent were removed, and the patients immediately referred to the general dentist for construction of a full mandibular denture. Lingual extension for stability became evident. Previously considered untreatable, the patients could now reenter the mainstream of life. (3 Refs)

6. DETAILED INVESTIGATION OF ALARYNGEAL SPEECH TO ELUCIDATE ETIOLOGY OF VARIATION IN QUALITY.

Kelly DR, Adamovich BL, Roberts TA
Dept. Otolaryngology, Ohio State Univ., Columbus, OH
Otolaryngol Head Neck Surg; 89(4):613-623 1981

Postlaryngectomy anatomic, physiologic, and psychologic factors resulting in the acquisition of excellent, av, and poor or no esophageal voice were investigated in 50 laryngectomized individuals. The 15 most significant variables between the three groups of patients were determined, and were hearing level of the frequency 2,000 Hertz (Hz); amount of time (wk) between surgery and initiation of speech therapy; degree of relaxation of the upper esophageal high pressure zone; presence of peristalsis following intake of air for esophageal voice; method of communication (esophageal voice, esophageal voice and artificial laryngeal voice, artificial laryngeal voice, whisper); total number of adjectives checked and the order score on the Adjective Check List (ADCL) psychologic test; hearing level of the frequency of 1,000 Hz; the amount of speech therapy (hr); length of the lower esophageal sphincter; dominance score on ADCL psychologic test; autonomy score on the ADCL; age at the time of laryngectomy; method of air intake; and pressure (mm Hg) of the upper esophageal high pressure zone. These findings demonstrate that characteristics such as 'strong-willed, confident, independent and assertive' are important to acquire excellent esophageal speech. The most significant finding was that 100% of the poor speakers experienced peristalsis following the intake of air for esophageal voice compared to 17% of av speakers and 12% of excellent speakers. (15 Refs)

7. EXPERIENCE WITH STAFFIERI'S METHOD OF VOICE REHABILITATION AFTER TOTAL LARYNGECTOMY. COMPARATIVE POSTOPERATIVE EXAMINATIONS WITHIN A 2-YR PERIOD.

Kuske I
Univ. HNO-Klinik, Hufelandstr. 55, 4300 Essen 1, W. Germany
Laryngol Rhinol Otol (Stuttg); 60(7):373-375 1981

Twenty-one patients were provided with neoglottides according to Staffieri's method after total laryngectomy. Two patients died of postoperative complications, and the fistula had to be closed in one case due to lack of cooperation. The 18 patients were followed up for 9-24 mo. Fifteen patients were able to speak again with functionally good voice within 8 mo after operation. The three other patients were unable to speak, but all of them succeeded in learning esophageal speech. Postoperative radiotherapy, performed on nine patients who later acquired the ability to speak, obviously did not interfere with speech rehabilitation. Only one of the talking patients noticed a slight, bothersome aspiration. (22 Refs) (In GER)

8. FUNCTIONAL RESULTS FOLLOWING LARYNGECTOMY.

Schumann K, Laniado K, Carstens N
HNO-Abteilung, Bundeswehrkrankenhaus Ulm, Oberer Eselsberg 40, 7900 Ulm-Donau, W. Germany
Laryngol Rhinol Otol (Stuttg); 60(7):378-380 1981

Functional results were evaluated in 62 patients (97% men and 2% women, av age 58.51 yr) after laryngectomy. Twenty-seven patients developed esophageal speech, 15 used electronic devices, and 5 both. The quality of the voice was evaluated in 35 cases: it was very good in 11 cases, good in 6, moderate in 8, insufficient in 1, and poor in 9. Two of 29 patients needed up to 3 mo to develop esophageal speech, 17 needed 4-6 mo, and 10 more than 6 mo. Minor problems in deglutition occurred in 35.5% of all patients. The functional results suggest the definite place of classic laryngectomy even from the aspect of speech rehabilitation. (26 Refs) (In GER)

9. SOMATIC SENSATION AND DISCOMFORT IN THE ARM OF POST-MASTECTOMY PATIENTS.

Swedborg I, Borg G, Sarnelid M
Dept. Physical Medicine and Rehabilitation, Karolinska Hosp., S-10401 Stockholm, Sweden
Scand J Rehabil Med; 13(1):23-29 1981

Among a group of 928 breast cancer patients who had undergone mastectomy, 475 were given physical examinations and answered questions to evaluate somatic sensations and discomfort in the arm on the operated side. They rated heaviness, hardness, pain, tension, weakness, and paresthesia on an 8-degree scale from none (0) to max (8) that had previously been shown to vary linearly with effort when used to rate sensation during physical effort. Measured were arm vol, shoulder mobility, and gripping force of the hand. Zero ratings for most variables were recorded by approx 80% of the patients; abnormal sensations (ratings of 1-8) were largely confined to 'weakness' and 'paresthesia.' The means for the three treatment groups (pre- and postoperative radiation therapy [RT], and surgery only) differed only slightly with large standard deviations, especially for weakness, paresthesia and pain. In women with subjective ratings greater than 1, there was a weak but significant correlation between some psychological and somatic variables: a positive correlation between arm vol and sensations of tissue hardness and tension and discomfort due to tension and heaviness and negative correlations between gripping force and sensations of weakness, tension, and heaviness and discomfort due to tension, pain, and weakness. In all patients, the vol of the affected arm was significantly greater (p less than 0.001) than that of the control arm; in both RT groups, shoulder mobility was significantly less (p less than 0.001) for the affected than the control arm. Patients with at least 15% edema in the affected arm recorded higher subjective ratings. (16 Refs)

10. CLINICAL EXPERIENCE WITH POLYURETHANE-COVERED GEL-FILLED MAMMARY PROSTHESES.

Capozzi A, Pennisi VR
Plastic and Reconstructive Syrgery Center, Saint Francis Memorial Hosp., 490 Post St., Suite 723, San Francisco, CA, 94102
Plast Reconstr Surg; 68(4):512-518 1981

We have used 104 low-profile polyurethane-covered gel-filled mammary prostheses in 54 patients. Only one patient has developed capsular contracture. Foreign-body reaction to polyurethane was clinically significant in only one patient. Other complications have been few and of the type that can accompany any type of mammary prosthesis. Of the 54 patients studied, 51 still have their implants in place and have soft, compressible breasts. The superior wrinkling and palpable implant edge that is occasionally present when the implant is placed so has been of some concern to patients and can be eliminated by submuscular placement. The use of polyurethane-covered low-profile gel-filled prostheses for breast reconstruction has greatly improved our results, and the satisfaction of both surgeon and patient has been gratifying. (Author abstract) (13 Refs)

PSYCHO-SOCIAL ASPECTS OF REHABILITATION

11. PATTERNS OF EXPRESSION OF ANGER AND THEIR PSYCHOLOGICAL CORRELATES IN WOMEN WITH BREAST CANCER.

Morris T, Greer S, Pettingale KW, Watson M
Faith Courtauld Unit for Human Studies in Cancer, King's Coll. Hosp., London SE5, England
J Psychosom Res; 25(2):111-117 1981

The association between the diagnosis of breast cancer and an apparent tendency to suppress anger was studied in a consecutive series of 71 patients (aged 30-69 yr; no previous history of malignancy) prior to biopsy, using structured interviews, the Eysenck Personality Questionnaire (EPQ), and the Spielberger State-Trait Anxiety Inventory (STAI). The interviews were transcribed and independently rated by the two principal investigators in terms of the main dimensions of the experience and expression of anger to produce an ordinal rating scale with six points ranging from extreme suppression to extreme expression of anger. Two raters who had not seen the patients selected eight interviews at random (that were excluded from the final analysis) to provide a basis for standardizing the rating procedure; the remaining interviews were then scored by three raters who had not seen and did not know the patients. The results showed a significant difference (p less than 0.01) between patients with benign breast disease and those with breast cancer in the expression of anger: the mean EPQ 'N' score was lower for cancer patients, the STAI A-State and A-Trait anxiety scores were higher than standard scores for all patients other than young cancer patients. When the pattern of correlation of variables was examined, it was found to be different for the two diagnostic groups, suggesting that cancer patients are more stressed by impending biopsy and that young cancer patients are more likely than other patients to use denial in the face of stress. (33 Refs)

12. ATTITUDES TO AND EXPECTATIONS OF MAMMOGRAPHY AMONG 300 WOMEN SUBMITTED TO THIS EXAMINATION.

Eliasen B, Dissing I, Brunner S
(c/o Brummer) Rontgenafdelingen, Kobenhavns amt sygehus i Gentofte, DK-2900 Hellerup, Denmark
Ugeskr Laeger; 143(36):2306-2308 1981

The attitudes and expectations of 300 consecutive patients referred to mammography concerning this examination were analyzed on the basis of questionnaires. The indications of mammography were nodes or secretion from the breast, discovered by self-examination, in 139 cases, node discovered by the personal physician in 43, tenderness in 71, check-up for known breast disease in 25, fear of breast cancer in 1, breast cancer in the family in 10, and unknown in 1. Mammography was considered very important by 212 patients, important by 77, of minor importance by 4, and unnecessary by 0. One hundred and seventy-six patients considered mammography to be decisive for the subsequent treatment, and 69 considered it helpful for therapy planning. Two hundred and eighty-four patients felt relief after mammography, and 106 were anxious that mammography might reveal serious disease. One hundred and sixty-four patients started that they would have consulted another doctor, had they not been referred to mammography by the first one. The delay between the detection of breast node and examination by a physician was 1-2 wk in 123 cases, 3-4 wk in 34, more than 1 mo in 9, more than 2 mo in 35, and 52 had regular check-up. The interval between the detection of the node and mammography was 1-2 wk in 163 cass, 3-4 wk in 121, more than 1 mo in 12, and more than 2 mo in 4. The mammography was considered hazardous by 45 patients, slightly hazardous by 135, and harmless by 38. (8 Refs) (In DAN)

13. AN INVESTIGATION OF DELAY IN TREATMENT OF BREAST CANCER.

Shukla HS, Kumar S, Avasthi K, Naithani YP
Dept. Surgery, Inst. Medical Sciences, Banaras Hindu Univ., Varanasi 221005, India
Indian J Med Res; 73(MAY):815-818 1981

In 40 patients of advanced (Manchester Stages III and IV) breast cancer, the causes of delay in presentation and treatment were investigated. Urban versus rural distribution of the patients was 14:26, but there was no difference in the distribution of factors delaying presentation. Ignorance of the clinical significance of a lump in the breast, poverty and a fatalistic attitude towards life, in general were the commonest factors leading to delay in seeking treatment. A significant finding was that avoidable delay occurred between the first consultation by a medical practitioner (whose actual qualifications were not known to many patients) and final treatment in the hospital. Fear of surgical operation and disfigurement of the body were not important causes of the delay. (Author abstract) (8 Refs)

14. PATTERNS OF COMMUNICATION AMONG PEDIATRIC PATIENTS WITH LEUKEMIA, PARENTS, AND PHYSICIANS: PROGNOSTIC DISAGREEMENTS AND MISUNDERSTANDINGS.

Mulhern RK, Crisco JJ, Camitta BM
Dept. Pediatrics, Medical Coll. Wisconsin, Milwaukee, WI, 53233
J Pediatr; 99(3):480-483 1981

The prognostic views of 25 pediatric patients with leukemia, their parents, and their physicians were assessed. Mothers, fathers, and physicians also estimated the prognostic views of each other as well as those of the children. Complex and subtle patterns of disagreement and misunderstanding were revealed. Physicians were generally less optimistic than mothers or fathers. Furthermore, mothers and fathers tended to overestimate physicians' views, whereas physicians tended to underestimate the prognostic views of mothers and fathers. Although children were more optimistic than their mothers, fathers, or physicians, parents understood this difference but physicians did not. These results suggest that disagreements and misunderstandings may be responsible for seemingly unusual or maladaptive patient and family coping. (Author abstract) (6 Refs)

15. THE POSITIVE FUNCTION OF DENIAL.

Detwiler DA
Dept. Pediatrics, Southern Illinois Univ. Sch. Medicine, Springfield, IL, 62708
J Pediatr; 99(3):401-402 1981

The role of hope and denial in the lives of leukemic patients and their families is discussed. Hope seems to serve an adaptive function by which the normal physical and psychosocial demands can be faced. Conversely, denial has been considered to be negative or destructive, particularly when it affects the parents of children with leukemia, because it works to block awareness of the disease. Cooperation with treatment and preparation for death were hardly enhanced when patients' families refused to acknowledge the presence of the disease. One case is described in which denial was positive in that the patient was able to admit the presence of the disease, to cooperate with treatment, and yet to ignore (apparently) her impending death. (4 Refs)

16. TECHNICAL ADVANCES IN LEADING A CANCER PATIENT GROUP.

Ringler KE, Whitman HH, Gustafson JP, Coleman FW
Psychology Dept., Univ. Wisconsin, Brogden Hall, Madison, WI, 53706
Int J Group Psychother; 3(3):329-344 1981

The development of a supportive therapy group for cancer patients and their families is described with respect to the evolution of techniques used by the group leaders and resistances to those techniques by the group members. All ambulatory patients and their families who are present on the day of the weekly meeting are personally invited to attend the meetings. Thus, patients attend only two or three group meetings at most, and there are frequently meetings at which all members are new to the group. As the group progressed, leaders began making bolder, more matter-of-fact introductions and invitations to group meetings; in addition, there was more attention to creating conditions of safety for the members, ie, making members feel that their contributions were wanted and that they could safely hold an unpopula r position. Leaders also learned to leave the group to handle painful topics and feelings on its own and to correct projections on to the leaders, which caused the patients to feel that certain ideas or feelings could not be expressed safely in the group. Three sources of resistance to the advances made include (1) leader countertransference leading to a combination of abandoning the group to its painful feelings while intruding to 'protect' the group from those feelings, (2) aspects of the hospital and unit culture that pulled toward intrusiveness (maternal and paternal roles of the leader and typical staff-patient roles), and (3) reservations of the staff members about the short-term, nonvoluntary nature of the group, which led to errors of abandonment. The advancement in the ability of the group to do significant work was the result of a twofold process, ie, recognizing the sources of those pulls toward either the abandonment end or the intrusiveness end of the continuum and learning through experimentation ways of correcting those two kinds of errors. When the leaders performed in a useful way, the patients responded by bring up more difficult and significant material; if the leaders made errors, participation remained superficial. (12 Refs)

17. SEXUAL COUNSELING IN CANCER REHABILITATION.

Wise TN

Dept. Psychiatry, Georgetown Univ. Sch. Medicine, Washington, DC

Med Aspects Hum Sex; 15(8):64J,64Q,64T 1981

When sexual function is impaired by neoplastic disease, sexual rehabilitation becomes important in the total care program. Sexual function is influenced by four factors: (1) stage and concrete limitations of the disease, (2) past sexual history, (3) past and present psychological status, and (4) reaction of the sexual partner. Symptoms of sexual dysfunction may result from either the disease itself or the treatment. Surgical procedures may produce disfigurement or loss of neurologic function;, non-surgical treatment may produce fatigue, lethargy, or nausea, which result in reduced sex drive. A review of five clinical cases reveals that fears of disfigurement, repressed feelings, and interpersonal conflicts may cause psychological problems. The first step in evaluating a sexual problem is determination of the physical and emotional factors involved with the patient's disease. Psychosocial history should be obtained to determine sexual experience and difficulties. A plan of treatment can then be devised. (12 Refs)

18. PSYCHOPATHOLOGY OF CORPUS CALLOSUM TUMORS.

Nasrallah HA, McChesney CM

Psychiatry Service, Veterans Admin. Medical Center, Iowa City, IA

Biol Psychiatry; 16(7):663-669 1981

The psychopathological presentations of five patients with corpus callosum tumors were compared with those of eight patients with unilateral frontal or parietal tumors. Significantly more de pressive and dementia symptoms (p less than 0.02 and p less than 0.01, respectively) were found in the patients with corpus callosum tumors, but there were no significant differences in schizophrenic symptoms between the two groups. Two of the three patients with corpus callosum tumors located in the genu experienced delusions and hallucinations, suggesting that the location of the lesion on the corpus callosum may be an important factor for the production of certain psychiatric symptoms, whereas depressive and cognitive symptoms may be produced by lesions anywhere on the anterior half of the corpus callosum. (18 Refs)

NUTRITIONAL EVALUATION AND SUPPORT

19. TOTAL PARENTERAL NUTRITION (TPN) IN ONCOLOGY.

Wesdorp RI, Krause R, Soeters PB, Greep JM

Afdeling Algemene Heelkunde, Rijksuniversiteit, Maastricht, The Netherlands

Acta Chir Belg; 80(2/3):113-117 1981

Animal experiments and clinical trials concerning TPN are reviewed. Anorexia and cachexia in cancer patients is due to metabolic changes caused by the tumor and to its role as a nitrogen trap. If the tumor wt to body wt ratio remains low, hyperalimentation is not to the detriment of the host. Significantly increased response rate to chemotherapy with 5-fluorouracil was found in patients with colon carcinoma who received TPN before and during chemotherapy, but other trials failed to corroborate these findings. The role played by TPN has not yet been fully clarified in spite of favorable reports. Selected cachectic patients are certainly helped by TPN during therapy. Their nutritional status improves, their endurance to therapy is enhanced, and complications and side-effects are less frequent. What is even more important, there is an improvement in the quality of life. However, the survival is not prolonged by parenteral nutrition. Anorexia in cancer patients may be altered by serotonin antagonists. (10 Refs) (In DUT)

20. INFLUENCE OF TOTAL PARENTERAL NUTRITION (TPN) ON SOME IMMUNE PARAMETERS IN MALNOURISHED SURGICAL PATIENTS.

Carpentier YA, Druart ML, Delespesse G

Department Surgery, Hopital Saint-Pierre, Rue Haute 322, B-1000 Brussels, Belgium

Acta Chir Belg; 80(2/3):149-155 1981

The effect of total parenteral nutrition (TPN) containing Intralipid on some immune parameters of 21 protein-depleted surgical patients (9 men, 12 women) was evaluated. The disorder treated included neck and digestive tract neoplasms, digestive fistula, inflammatory bowel disease, gastric ulcer, burns over 40% of body area, and massive intestinal resection. The evolution of these immune parameters were studied in relation to nitrogen balance. An attempt was made to determine an eventual specific immune response towards fat emulsion or a direct immunostimulatory or inhibitory property exhibited by exogenous lipids. No adverse reaction was observed in any of these 49 patients during TPN. One wk of TPN resulted in a positive cumulative nitrogen balance in 7/21 patients, a negative balance in 9/21, and no change in 5/21. Before TPN, lymphocyte response to phytohemagglutinin (PHA) was abnormally low in 18/21 patients, while levels of immunoglobulins and isohemagglutinins were normal in all 21. In the seven patients with a positive nitrogen balance following TPN the mean lymphocyte response to PHA increased and became normal in 2/7. Of the five patients with unchanged nitrogen balance, lymphocyte performance was improved in 3/5, decreased in 1/5, and unchanged in 1/5. In the nine patients with a negative nitrogen balance after TPN treatment, the mean lymphocyte response to PHA was not significantly modified. The in vitro or in vivo addition of Intralipid had no effect on lymphocyte response. The results indicated that TPN may improve the prognosis of surgical depleted patient by correcting some previously altered immune parameters as well as nitrogen balance. (30 Refs)

21. ENTERAL AND PARENTERAL NUTRITION IN THE CARE OF THE CANCER PATIENT.

DeWys WD, Kubota TT

Nutrition Section, Clinical Investigations Branch, NCI, Bethesda, MD, 20205

JAMA; 246(15):1725-1727 1981

The technical aspects of enteral and parenteral nutrition for cancer patients and possible indications for their use are reviewed. For enteral feeding, the nasogastric route is most frequently used. Techniques for facilitating the insertion of the silicone tubing are discussed. Enteral soln may be given as a bolus or as a continuous infusion using an infusion pump. Considerations in the choice of enteral soln are discussed. The most serious complication of enteral feeding is pulmonary aspiration. Parenteral alimentation is indicated for patients who have a contraindication to enteral feeding or who cannot tolerate sufficient vol of enteral soln. Goals for therapy must be established and the means of monitoring nutritional effects must be considered. Nutritional effects are usually monitored by estimations of nitrogen balance. Parenteral nutrition is very expensive and may be associated with serious complications. Clinical trials in nutritional intervention are reviewed. The use of aggressive nutritional support in a patient who has exhausted effective measures of treatment is of questionable value; its use as an adjunct to aggressive therapy is currently under investigation. (19 Refs)

22. EARLY POSTOPERATIVE JEJUNAL FEEDING OF ELEMENTAL DIET IN GASTROINTESTINAL SURGERY.

Ryan JA, Page CP, Babcock L

Mason Clinic, 1100 Ninth Ave., Seattle, WA, 98101

Am Surg; 47(9):393-403 1981

Gastric and colonic ileus after major abdominal operation precludes normal oral nutrition in the immediate postoperative period. Since small bowel motility and absorptive capacity are pre sent immediately after operation, the small bowel may be used for feeding. We prospectively evaluated the efficacy of early postoperative jejunal feeding of elemental diet in three groups of patients. Fourteen adults undergoing elective partial colectomy were randomized to receive jejunal feeding of elemental diet (ED) or isotonic iv infusions of dextrose (IV). Considering all avenues of nutrition for the first 10 postoperative days, seven ED patients received a mean daily input of 2,283 cal and 14.1 g of nitrogen compared to 800 cal and 3.4 g of nitrogen for the seven IV controls (p less than 0.005). The ED patients lost 2.4% of their body wt during the first postoperative mo compared to a 6.1% wt loss for the iv controls (p less than 0.005). The ED group required an iv catheter for 1.8 days, compared to 6.6 days for the IV group (p less than 0.005). Twenty consecutive patients subjected to major upper gastrointestinal operations received a daily mean of 1,468 cal and 9.7 g of nitrogen jejunally during the 1st 10 postoperative days. Mean wt loss at 2 and 4 wk, postoperatively was 2.8% and 3.5% of preoperative wt. Ten patients received jejunal elemental diet for longer than 1 mo because of postoperative complications or adjunctive therapy for cancer. Mean wt loss was 2.8%. Early postoperative jejunal feeding of elemental diet supplies more nutrients and results in less wt loss than does iv therapy with isotonic dextrose. Early postoperative feeding is of value in patients undergoing major operations on the upper gastrointestinal tract. (Author abstract) (34 Refs)

23. GASTRIC REPLACEMENT BY ISO-ANISOPERISTALTIC JEJUNAL INTERPOSITION (TUBINGEN SUBSTITUTE STOMACH).

Kieninger G, Koslowski L, Kummer D

Chirurgische Universitatsklinik, Calwer Strasse 7, D-7400 Tubingen, W. Germany

Chirurg; 52(8):505-510 1981

Sixty-two patients (26 men and 36 women, 38-76 yr old, av age 59 yr) were subjected to gastric replacement according to a new method after total gastrectomy since 1972. The indications of total gastrectomy were gastric carcinoma in 53 cases (including gastric stump carcinoma in 4 cases and recurrent gastric carcinoma in 1), non-Hodgkin's lymphoma and gastric polyposis in 3 each, and gastric sarcoma, Menetrier's disease, and giant ulcer in a Billroth-II stomach in 1 case each. The gastrointestinal passage was reconstructed by iso-anisoperistaltic interposition of two jejunal segments (30:10 cm). The reversed segment causes delayed and intermittent emptying in the superjacent isoperistaltic segment. The postoperative mortality was 7/62. Thirty-six patients were still alive at the time of reporting. The longest survival has been so far nearly 8 yr. Digestion and absorption are essentially improved due to the reservoir function of the jejunal interposition, resulting in better quality of life. This method is now used as a routine in all curative gastrectomies, provided there are no contraindications on account of the patient's age or general condition. (20 Refs) (In GER)

24. RADIOLOGICAL EVALUATION OF A NEW METHOD FOR GASTRIC REPLACEMENT BY THE INTERPOSITION OF ISO-ANISOPERISTALTIC JEJUNAL SEGMENT (TUBINGEN SUBSTITUTE STOMACH).

Wolf KJ, Kieninger G

Medizinisches Strahleninstitut, Universitat Tubingen, Rontgenweg 11, D-7400 Tubingen, W. Germany

ROEFO; 135(2):169-176 1981

Total gastrectomy followed by gastric replacement by the interposition of iso-anisoperistaltic jejunal segments was performed in 58 patients (23 men and 35 women, av age 59.7 yr) during the period 1972-1980. The indication of total gastrectomy was gastric carcinoma in 50 cases, gastric polyposis and malignant gastric lymphoma in 3 each, and gastric sarcoma and giant ulcer in 1 each. The postoperative mortality was 12%. The results were evaluated radiologically a few wk to 3 yr later. Contrary movements are generated in the isoperistaltic and anisoperistaltic segments. Type I, characterized by to-and-from motion of the food-contrast mixture, resulting in a reservoir function of the isoperistaltic segment and intermittent emptying into the duodenum, was found in 70% of the patients. In type II movements, incomplete local annular contractions can be observed in the isoperistaltic segment, with reservoir function and intermittent emptying. In type III, emptying results from overflow. This latter type was encountered in four cases. (28 Refs) (In GER)

NURSING CARE

25. PROMOTING CHANGE IN NURSE COMMUNICATION WITH CANCER PATIENTS.

Welch DA
Connecticut Hospice, Branford, CT
Nurs Adm Q; 5(2):77-81 1981

Nurses, who are trained to help make patients better, may feel clinically incompetent and unfulfilled in the care of cancer patients. They may cope with these feelings by avoiding communicating with these patients to their detriment. Nurses may exhibit avoidance behavior because they feel inadequately trained to support the cancer patient's psycholcgical crisis; avoidance may be expressed in a number of ways such as choosing to work elsewhere, leaving the room, changing the subject, or referring the patient's question(s) to others. Nurses must be helped to assess and change their behavior in order to improve the delivery of care. Assessment must consider the entire context of the clinical situation, including the nurse's fears, the attitude of their administrators, their attitudes toward the diagnosis of cancer, the role models available to them, and the information flow between physician/patient/nurse/family. Several methods are available to promote changed behavior: use of psychiatric consultants as teacher/helpers, improved education, and providing role models; changed behavior must be stabilized by the reinforcement of positive feedback from supervisors and from patients that the new behaviors are helpful and wanted, and the whole change effort must be periodically evaluated. An important factor in making these changes possible is the provision of a support system for the nurses involved in cancer patient care. (15 Refs)

26. ACOUSTIC NEUROMA: AN OVERVIEW OF THE DISORDER AND NURSING CARE FOR THESE PATIENTS.

Tortorelli BA
85 Cox Ave., Yonkers, NY, 10704
J Neurosurg Nurs; 13(4):170-177 1981

The neuroma associated with the eighth cranial nerve (acoustic neuroma) is discussed in regard to anatomical relationships, symptomatology, diagnosis, operative management, postoperative course, and outlook. Early symptoms include tinnitus and slight hearing loss. Most symptoms are related to compression of the cranial nerves; that of the third, fourth and sixth nerves leads to abnormalities such as strabismus, diplopia and extraocular palsies. With tumor enlargement fifth nerve involvement leads to facial numbness, paresthesias, and other symptoms. Differential diagnosis involves distinction from neurofibromatosis, cerebral aneurysms in the same area, meningioma, and subarachnoid hemorrhage. Operative management is considered briefly; facial nerve salvage is discussed in relation to tumor size. The postoperative course may present many complications such as pneumonia, hemorrhage, phlebitis, and infection. Presence of edema requires caution, since the operative area often involves the brain stem and consequent danger to cardiac and respiratory functions. While prognosis of recovery for the patient not having complications is optimistic, these patients present special problems for the health care team. Though the tumor is benign, treatment and postoperative complications can create situations of a malignant nature. (10 Refs)

27. PERIOPERATIVE ANESTHETIC MANAGEMENT OF PATIENTS OPERATED IN SITTING POSITION FOR POSTERIOR FOSSA TUMORS.

Kuhn JE, Newfleld P
(c/o Editorial Office), Dept. Neurosurgery, 350 Parnassus Ave., San Francisco, CA, 94143
J Neurosurg Nurs; 13(4):159-164 1981

Posterior fossa procedures are performed for resection of tumors and decompression of cranial nerves. Detailed discussions present preoperative assessment and preparation, intraoperative monitoring, anesthesia, positioning of the patient, the problem of venous air embolism, discontinuation of anesthesia, and postoperative nursing care. (9 Refs)

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REHABILITATION AND SUPPORTIVE CARE

SERIES CT20 No. 82/03

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PHYSICAL REHABILITATION

1. THE SINGER-BLOM VOICE RESTORATION PROCEDURE.

Wetmore SJ, Johns ME, Baker SR
Dept. Otolaryngology and Maxillofacial Surgery, Univ. Arkansas for Medical Sciences, 4301 West Markham, Little Rock, AR, 72205
Arch Otolaryngol; 107(11):674-676 1981

The Singer-Blom tracheoesophageal puncture (TEP) technique is an effective and safe surgical method for speech rehabilitation of the alaryngeal patient. The silicone prosthesis, which is fitted in the TEP tract, allows pulmonary air to be used for voice production but prevents aspiration. In a series of 63 patients, 56 (89%) were able to develop fluent speech, but only 45 patients (71%) currently use tracheoesophageal speech as their prime mode of communication. Of the 18 patients (29%) who no longer use tracheoesophageal speech, 11 experienced either inadvertent dislodgement of the prosthesis or were noncompliant, 5 patients failed to develop fluent speech after adequate trial, and two patients failed because of aspiration. Almost all of the successful patients have voice quality and fluency that are as good or better than accomplished esophageal speakers, despite the fact that most of these patients

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were unable to learn esophageal speech. Since the Singer-Blom technique has eliminated most of the problems associated with other forms of surgical speech rehabilitation, it is considered to be the best surgical technique presently available for restoring speech in the alaryngeal patient. (Author abstract) (5 Refs)

2. SELECTIVE MYOTOMY FOR VOICE RESTORATION AFTER TOTAL LARYNGECTOMY.

Singer MI, Blom ED

Head and Neck Associates, 1633 North Capital Ave., Suite 780, Indianapolis, IN, 46202

Arch Otolaryngol; 107(11):670-673 1981

Reconstruction of the pharyngoesophagus after total laryngectomy avoids the development of salivary fistulae and restores satisfactory swallowing. Successful techniques for closure include multiple layers of tissue, selected suture materials, the application of postoperative radiation therapy, and modified neck dissection. In addition, vocal rehabilitation has been traditionally associated with the formation of a pharyngoesophageal segment capable of producing sound after air insufflation. A 3-yr experience with 129 patients after they underwent a total laryngectomy and tracheoesophageal shunt showed that 16 patients (12%) failed to achieve satisfactory speech after tracheoesophageal puncture because of pharyngoesophageal spasm. Response to percutaneous block of the pharyngeal plexus and subsequent myotomy of the cricopharyngeus and pharyngeal constrictor muscles was assessed in 14 patients. Increased pharyngoesophageal tone after total laryngectomy seems to be an important factor in the failure to acquire esophageal voice. (Author abstract) (12 Refs)

3. SYSTEMATIC DENTAL MANAGEMENT IN HEAD AND NECK IRRADIATION.

Horiot JC, Bone MC, Ibrahim E, Castro JR

(c/o Castro), Lawrence Berkeley Lab., Building 55, Room 105, 1 Cyclotron Road, Berkeley, CA, 94720

Int J Radiat Oncol Biol Phys; 7(8):1025-1029 1981

The correct application of principles of dental management for 528 head and neck cancer patients treated with irradiation is described. Management included careful dental evaluation and pre-therapeutic dental care (cleaning of existing teeth, application of fluoride gel, polishing and elimination of irritating spicules, filling of superficial caries, and where indicated, restoration of teeth). Extraction of teeth that are fractured, have deep caries, or severe periodontal disease, especially if they are in the direct radiation beam may be required. Together with daily topical fluoride application, the patient must maintain oral cavity dental hygiene by careful daily brushing using careful technics to clean all teeth surfaces. Post-irradiation extractions may be required for teeth which do not have proper occlusion, those in risk of being destroyed by periapical infection, those with advancing periodontal disease, or those by which severe soft tissue irritation may be caused. Of 528 patients, only 22 patients required post-irradiation extraction. Using these principles, only 16/528 patients developed radiation caries. Of 528 patients, 208 had significant irradiation to 40% or more of the oral cavity and were at high risk for development of osteoradionecrosis. However, only four patients developed osteoradionecrosis. Over 85% of patients who subsequently received a dental prosthesis had excellent tolerance without pain or mucosal irritation. The results indicated that dental and mandibular post-irradiation problems can virtually be eliminated with proper care. (13 Refs)

4. CANCER PAIN RELIEVED BY LONG-TERM EPIDURAL MORPHINE WITH PERMANENT INDWELLING SYSTEMS FOR SELF-ADMINISTRATION.

Poletti CE, Cohen AM, Todd DP, Ojemann RG, Sweet WH, Zervas NT

Neurological Surgery, Massachusetts General Hosp., Boston, MA, 02114

J Neurosurg; 55(4):581-584 1981

Clinical trials for abatement of intractable pelvic cancer pain were conducted in two patients, each electing surgical implantation of one of two indwelling catheter systems for administration of morphine into the spinal epidural space. Both systems, one consisting of a partially indwelling Broviac catheter, and the other, completely indwelling, consisting of a morphine reservoir connected to a shunt pump and on-off Hakim valve assembly, permitted the patients to return home where they could self-administer epidural morphine. Each patient reported that 2 mg of epidural morphine provided 8 to 12 hr of pain relief at a level superior to their previous systemic narcotic medication. On a regimen of 2 mg of epidural morphine administered twice daily, both patients experienced analgesia for 6 mo, unaccompanied by alterations in sensory, motor, or cognitive functioning, and with little drug tolerance reaction. (Author abstract) (26 Refs)

5. ELIMINATION OF PAIN BY PERCUTANEOUS THERMORHIZOLYSIS IN PATIENTS WITH INOPERABLE BRONCHIAL CARCINOMA.

John F, Opl G

I. Interne Abteilung, Pulmologisches Zentrum der Stadt Wien, Sanatoriumstrasse 2, A-1145 Vienna, Austria

Wien Med Wochenschr; 131(17):427-430 1981

Nineteen inpatients and 6 outpatients with terminal cancer pain syndrome due to inoperable bronchial carcinoma were subjected to percutaneous thermorhizolysis for pain alleviation. Pancoast syndrome was found in four cases. The patients included 16 men and 9 women and were 40-75 yr old. Pain alleviation was achieved in 16/19 inpatients and in 6/6 outpatients. The treatment was totally ineffective in three cases with multiple metastases to the vertebral column. Complete pain relief was achieved in 18 patients, partial pain alleviation in 4. The duration of the effect was 4-12 wk in the inpatients and at least 3 mo in the outpatients. (15 Refs) (In GER)

6. USE OF ACUPUNCTURE FOR THE TREATMENT OF PAIN SYNDROME IN CANCER PATIENTS.

Zubova ND, Bardychev MS, Guseva LI

Res. Inst. Medical Radiology, Obninsk, USSR

Vestn Akad Med Nauk SSSR; (8):87-90 1981

The efficacy of acupuncture for the management of pain syndrome was evaluated in 82 cancer patients (9 men, 73 women; 29-76 yr old). Analgesic effect of 10-17-day duration was achieved in 9/32 patients with skeletal, visceral, and brain metastases, and in 12 patients with radiation injuries after radiotherapy for breast cancer. (12 Refs) (In RUS)

7. PROLONGED RELIEF OF INTRACTABLE PERINEAL PAIN FROM INTRAPELVIC MALIGNANT TUMORS WITH SUBARACHNOID SADDLE-BLOCK UTILIZING REPEATED INJECTION OF ABSOLUTE ETHYL ALCOHOL.

Tari K, Takeuchi S
Dept. Urology, Saitama Cancer Center, Saitama, Japan
Gan No Rinsho; 27(11):1359-1363 1981

Fourteen patients with intractable perineal pain due to intrapelvic malignant tumors were given subarachnoid injections of pure ethyl alcohol, and the results were evaluated. The patients assumed a supine position with the head first positioned higher than the hips to assess the flow of cerebrospinal fluid and then with the head lower than the hips for injection of pure alcohol into the subarachnoid space between the fourth and fifth lumbar vertebrae. The patients were given a 0.5 ml injection in the first 10 min, a 0.3 ml injection in the next 10 min, and then a 0.2-0.3 ml injection in the next 10 min. The patient was directed to remain in the supine position for 30 min, or if possible 1 hr. The patient had to avoid standing or walking until the next morning. If the blocking effect was lateralized, the patient was given another series of injections (up to 4x) positioned such that the healthy side was in an inferior orientation. Of the 18x that the injections were given, effect was observed 14x. The pain-relieving effects of 3 injections lasted for 3 mo. Side effects included dysuria (5/6 patients) and fecal incontinence (2/8), but the patients with anal reconstructions or diversion of the urinary tracts had no related complications. (10 Refs) (In JPN)

PSYCHO-SOCIAL ASPECTS OF REHABILITATION

8. STRESS AND CANCER: THE STATE OF THE ART (PART 2).

Bahnson CB
Dept. Psychiatry, Jefferson Medical Coll., Philadelphia, PA, 19107
Psychosomatics; 22(3):207-209,213,217-220 1981

The relationship of specific personality patterns and ego defenses to cancer and possible intervening psycho-physiologic processes were examined. In a review of the literature evidence indicated that cancer patients rely heavily on denial and repression. Early family patterns which include inadequate affective communication and object relationships seem to impair the cancer patient's capacity for affective expression later in life. Several studies of breast cancer patients seem to support this loss-depression hypothesis. Three means by which these psychosomatic mechanisms may lead to cancer are presented. The neurologic pathway is examined using studies relating CNS changes and malignancy. Endocrine system 'bridges' between psychological states and cancer include changed hormone profiles, which may inhibit or stimulate the immune reaction. The immune system pathway is a third bridge to cancer. Clarification of the relationship between psychologic and physiologic variables in clinical cancer is needed. (79 Refs)

9. GROUP SUPPORT FOR PATIENTS WITH METASTATIC CANCER. A RANDOMIZED PROSPECTIVE OUTCOME STUDY.

Spiegel D, Bloom JR, Yalom I
Dept. Psychiatry and Behavioral Sciences, Stanford Univ. Sch. Medicine, Stanford, CA, 94305
Arch Gen Psychiatry; 38(5):527-533 1981

To test the hypothesis that women with metastatic breast cancer who are involved in support groups would benefit psychologically from the experience, 86 patients were randomly assigned either to a 1-yr group treatment program (34 patients) or to a control group (24 patients) and were administered a battery of psychological tests at 4-mo intervals. There were three support groups that met 1 x/wk for 90 min. Subject loss complicated the analysis of this study: only 16/34 treatment subjects and 14/24 control subjects survived to complete the 4-test study period; consequently, slopes analysis was used, which maximizes the utilization of all of the data collected on those subjects who completed at least two of the test packages. Compared to the controls, the treatment group was significantly less anxious and less phobic, had significantly fewer maladaptive coping responses, were significantly less fatigued and less confused, and had significantly more vigor. No differences were found between the two groups on measures of self-esteem or denial. The data support the hypothesis that participating in the group treatment prevented psychological deterioration and promoted improvement. The possible mechanisms underlying the effectiveness of this group intervention are discussed. (49 Refs)

10. TRANSCULTURAL STUDIES OF PSYCHIATRIC PROBLEMS IN ONCOLOGIC PATIENTS.

Lobo A, Aznar JL
Departamento de Psiquiatria y Psicologia medica, Universidad de Zaragoza, Facultad de Medicina, Zaragoza, Spain
Oncologia; 6(4):24-26,28-30 1981

Oncologic in-patients were screened by administering the Cognitive Mini Test or Goldberg's Health Questionnaire. Approx 25% of patients in both groups show cognitive deficiency and approx 75% of patients demonstrate significant emotional problems. Different therapeutic approaches for the complete treatment of patients are discussed; psychopathological disturbances not sufficiently recognized by the regular medical staff are clearly prevalent. (23 Refs) (In SPA)

11. LIVING WITH CANCER: FATHER'S PERCEPTIONS DURING THE ILLNESS EXPERIENCE (MEETING ABSTRACT).

Farrell FZ
Department of Pediatrics, Arizona Health Sciences Center, Tucson, AZ
Social Work in Cancer Care, July 2-3, 1981, Pittsfield, Massachusetts. Social Work Oncology Group 149 pp., 1981.

A dearth of formal research has been given to fathers of children with cancer. This study was undertaken to explore the behavior of fathers in interaction with their children during the pediatric cancer experience. The method was exploratory in nature and relied on three to five in-depth interviews with four fathers of children with cancer being treated at a Medical Center in a large Southwestern city. Tape recordings of the interviews were transcribed and analyzed between interviews. Results of this study were grouped into five major themes that emerged from the data. (1) Being There: for example, the importance of 'being there when they need me'; (2) Education on a day-to-day basis; (3) Recreation; (4) Fear; Fathers made varied references to fear. For example, 'fear is going to remain after she is treated'; (5) Quality of life; Fathers strived for normalcy in their childrens' lives and wished to protect them from unnecessary trauma. Recommendations are (1) Continue collecting information on father's role during a chronic illness experience; (2) Recognize most fathers wish to be invited to participate in supporting their child; (3) Acknowledge that health care professionals can learn to sanction and validate the father as a prime support in his child's illness experience. (no Refs)

12. SOCIAL WORK INTERVENTION WITH PEDIATRIC ONCOLOGY PATIENTS (MEETING ABSTRACT).

Picus L
Penrose Cancer Hospital, Colorado Springs, CO
Social Work in Cancer Care, July 2-3, 1981, Pittsfield, Massachusetts. Social Work Oncology Group 149 pp., 1981.

It is essential for social work intervention to meet the needs of the child with cancer, the parents, and the siblings as an entire family unit. It has been found that stress can be minimized if the family understands what to anticipate. For the preschool and school age child explanations of procedures in his language, praise, and small rewards help the child cope with the immediate situations. Play therapy provides symbolic expression of the child's fears and anxieties and it can be used both as an educational tool and as an emotional outlet. Educationally, toys (ie puppets, telephones, dolls) can facilitate a familiarity with the equipment and procedures that doctors and nurses will use. In preparation for radiation therapy chemotherapy, lab work, spinal taps and bone marrows, the use of a 'child-sized' Raggedy Ann doll has proved invaluable. Giving the child an opportunity to perform these procedures on a doll, allows the child to be in control during play, a feeling seldom experienced by patient with cancer. Using the doll prior to treatments, provides a perfect milieu for group process with other patients and siblings. So as a learning tool, play serves to educate both children in a group setting and individually. The social worker can help facilitate play and can also teach parents to encourage this verbal expression at home. It is essential to advocate familial communications. The social worker, through techniques of observation and interviewing, can assess the family's ability to cope as a unit. A parent support group can enhance expression and sharing. Increased skills around issues of discipline, sibling rivalry, isolation, and the child's self esteem can be fostered in a group. The coping abilities of the child will depend on the strengths of the family. (no Refs)

13. PSYCHOSOCIAL NEEDS OF THE GTD PATIENT (MEETING ABSTRACT).

Atchley MW
Department of Social Work, Memorial Sloan-Kettering Cancer Center, New York, NY
Social Work in Cancer Care, July 2-3, 1981, Pittsfield, Massachusetts. Social Work Oncology Group 149 pp., 1981.

Gestational trophoblastic disease (GTD), which represents various abnormalities of placental tissue, is highly curable by chemotherapy when diagnosed and treated early. However, despite the good prognosis, acute emotional reactions have been noted in these patients by social workers, physicians and nurses. In order to obtain the GTD patients' own retrospective view of their illness and treatment and its impact on their self image and significant relationships, the author, a social worker, devised a questionnaire and sent it to 92 women treated between 1968 and 1978 who were considered free of disease for over one yr. Questions were asked about the emotional and social difficulties experienced at the time of hospitalization as well as about prolonged effects after cure, including whether or not pregnancy was desired, dared and successful. A significant number of replies indicated that GTD is traumatic in terms of maternal loss, threat to life, fear of chemotherapy and difficulty in tolerating its side effects, which include damage to body image. Many replies pointed up the need for increased effort by staff to provide counseling, information and reassurance, including use of former patients to visit GTD patients under treatment. With this formation, we are developing a more systematic program to assist these patients in coping with their illness. It will include visits by recovered patients early in treatment and will offer counseling six mo after the last course of chemotherapy to mitigate delayed reactions. This program may provide a model for psychosocial treatment of other types of cancer which are potentially curable. (no Refs)

14. PATIENT ACCEPTANCE OF MASTECTOMY FOR CANCER.

Kiernan PD, Hubert JP, Beahrs OH, Martin MJ
Section Publications, Mayo Clinic, Rochester, MN, 55905
Am J Surg; 142(4):517-518 1981

Of 300 women who had mastectomy for breast carcinoma, 278 (93%) responded to a questionnaire about how well they accepted loss of a breast. Of those responding, 73% stated that they had no appreciable adverse reaction to the extent of the operation. Twenty patients (7%) cited major work, social or sexual problems resulting from mastectomy. Among the 20, sexual problems - cited by 85% - predominated. Four (1%) of the 278 patients expressed major dissatisfaction with the cosmetic result of an external prosthesis. Two of these patients and four others had surgical reconstruction of the breast, which was satisfactory in five. (Author abstract) (5 Refs)

15. PSYCHOSOCIAL MANAGEMENT OF PATIENTS WITH CUTANEOUS CANCERS. A PRELIMINARY REPORT.

Freidenbergs I
Inst. Rehabilitation Medicine, 400 East 34th St., New York, NY, 10016
J Dermatol Surg Oncol; 7(10):828-830 1981

Based on 50 interviews with patients attending a skin and cancer clinic, impressions of the psychosocial impact of cutaneous cancer were collected. Suggestions for the management of these concerns are given. Patients had been diagnosed as having cutaneous malignancies such as basal-cell carcinoma, squamous-cell carcinoma, malignant melanoma, and malignant neoplasms of blood and lymph vessels arising in the skin. Among findings were frequent procrastination in seeking medical attention and deficiency in communication between physician and patient. Physicians should explore with patients what they have been told their lesion might be, what they think the impact is, and what they think it foreshadows. Patients with proven malignant melanomas particularly require extensive explanation. Reasons for refusal to accept medical advice and treatment must be explored. Fear of disfigurement due to unavoidable surgery should be discussed. Guidelines for deciding whether psychological counseling is appropriate are presented. Under certain conditions, such as head and neck lesions where surgical intervention results in highly visible disfigurement, consultation with a mental health professional should be automatically considered. Recommendations are for a full explanation of the facts, correction of misunderstandings, and exploration of fears or inappropriate fantasies. (4 Refs)

NUTRITIONAL EVALUATION AND SUPPORT

16. HOME ENTERAL AND PARENTERAL NUTRITIONAL SUPPORT: A COMPARISON.

Chrysomilides SA, Kaminski MV

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Am J Clin Nutr; 34(10):2271-2275 1981

Eighteen patients requiring intensive outpatient nutritional support were prospectively reviewed to compare the application of enteral and parenteral approaches. Nine patients received home enteral nutritional support (HEN) for a period of 2 to 15 mo via Micro Feeding jejunostomy (MFJ) tubes. The other nine patients received home parenteral nutritional support (HPN) for a period of 3 to 32 mo via Broviac catheters. The nine patients on HEN for a period of 2 to 15 mo had a mean increase in wt, tricep skinfold thickness, arm muscle circumference, and serum albumin of 9.9 kg (p less than 0.001), 2.5 mm (p less than 0.01), 3.7 cm (p less than 0.05), and 0.73 g/dl (p less than 0.02), respectively. One patient suffered accidental loss of the MFJ tube; otherwise there were no significant complications. The nine patients on HPN for a period of 3 to 32 mo had a mean increase in wt, triceps skinfold thickness, arm muscle circumference, and serum albumin of 8.5 kg (p less than 0.001), 3.5 mm (p less than 0.05), 3.4 cm (p less than 0.05), and 1.09 g/dl (p less than 0.001), respectively. Three patients each experienced one episode of catheter sepsis. These complications were far more serious than those arising from the MFJ tube. In addition, the av cost of HPN was found to be 10 to 20x greater than that of HEN. It is concluded that HEN should be selected over HPN as the course of therapy in all possible cases and that the MFJ tube is a safe, useful, and cost-effective approach. (Author abstract) (10 Refs)

17. WHO BENEFITS FROM TPN?

Lewis JL, Cohen C, Fuller AF, Shils M

Gynecology Service, Memorial Sloan-Kettering Cancer Center, New York, NY

Contemp Obstet Gynecol; 18(3):172-177,180,184-187,190,191,195,198 1981

A roundtable discussion of the various methods of correcting malnutrition (from po supplementation to total parenteral nutrition (TPN)), particularly in cancer patients is presented. The ethical side of who should receive the therapy and for how long is addressed. Many patients with ovarian cancer are candidates for perioperative nutritional therapy if they are to undergo an extensive surgical procedure. In addition, patients with complications of cancer therapy (fistulas, severe radiation enteritis, primary bowel disease) are also candidates for nutritional support. Clinical states requiring TPN include severe malabsorption and fluid and electrolyte losses not responding to po and/or tube feeding in inflammatory bowel disease with bowel resection, severe radiation enteritis and bowel resection, massive bowel resection, and small bowel fistula; persistent bowel obstruction or ileus; and persistent nausea nad vomiting, usually from high-dose chemotherapy. Peripheral vein nutrition, length of treatment, techniques and problems of catheterization, components of the TPN soln, insulin and other additives, patient monitoring, approaches to therapy, long-term TPN, and the implications of living on TPN are each discussed. (13 Refs)

18. ROLE OF GLUCOSE-1-PHOSPHATE IN TOTAL PARENTERAL NUTRITION. STUDY OF PHOSPHORIC HOMEOSTASIS AND ITS HEPATIC FUNCTION.

Palmieri B, Barbieri GC, Del Torto T, Lugli R, Galetti A, Marchetti A, Miselli A

Cattedra di Anestesia e Rianimazione, Universita di Modena, Modena, Italy

Gazz Med Ital; 140(6):267-272 1981

The effect of administration of glucose-1-phosphate (GP) on the results of liver function tests was studied in 88 patients undergoing total parenteral nutrition (TPN). Among these patients were 20 who had gastric cancer and 4 who had esophageal cancer. The patients were divided in two equal-sized groups; an experimental group received GP (6 g/day in 500 ml), whereas a control group did not receive the GP. The results were analyzed and evaluated statistically. Relative to the control group, the experimental group showed significant decreases in levels of transaminases (SGPT, from 75 to 18; SGOT, from 68 to 12), bilirubinemia (from 2.4 to 0.9), and alkaline phosphatase (from 225 to 185). There was an increase in nitrogen balance from 1.8 to 2.9. No separate data were given for the cancer patients. The patients receiving GP showed normalization of hepatic function in a shorter period of time than did the controls. Addition of the GP had a favorable effect on the TPN, whether administered for short or prolonged periods. (21 Refs) (In ITA)

19. METABOLIC ABNORMALITIES IN PATIENTS SUPPORTED WITH ENTERAL TUBE FEEDING.

Vanlandingham S, Simpson S, Daniel P, Newmark SR

Div. General Surgery, Scott and White Clinic, Temple, TX

JPEN; 5(4):322-324 1981

One hundred patients supported with enteral tube feeding were evaluated for metabolic abnormalities. Patients in the study were supported on tube feeding for an av 15.3 days. Most patients had neurological disease, organic brain syndrome, or a neoplasm. Thirty patients were supported with total parenteral nutrition (TPN) prior to tube feeding. Forty-seven patients were primary surgical patients and 28 of these were supported with TPN during the peri-operative period before conversion to tube feeding. No cases of gastric pooling greater than 100 ml or aspiration pneumonitis were observed. Three subjects developed diarrhea (6 or more stools per 24 hr). In these patients, enteral infusion was discontinued and TPN initiated. In the total patient group, 29% had at least one blood glucose determination of greater than 250 mg%. No cases of ketoacidosis or hyperosmolar coma were observed. Hyperglycemic states were frequently associated with systemic infections. Hyponatremia was observed in 31% of the patients. Hypokalemia was observed in 8% of the patients, usually in those treated with relatively large doses of insulin to stabilize glucos levels. Hypophosphatemia was observed in 30% of the patients and hypomagnesemia in 3%. Decreased zinc and copper levels were found in 11% and 3% of the patients, respectively. The results indicated that patients on tube feeding should be evaluated periodically for metabolic abnormalities. (5 Refs)

20. CANCER PATIENT PREFERENCES FOR ENTERAL FEEDINGS (MEETING ABSTRACT).

Settle RG, Chernoff R, Rombeau JL, Hostetter R, Blowe V
Clinical Smell and Taste Research Center, University of Pennsylvania, Philadelphia, PA
Am J Clin Nutr; 34(4):648 1981

Preferences for the flavor, taste, and odor of 8 vanilla-flavored (Ensure, Ensure Plus, Magnacal, Nutri-1000 LF, Precision Isotonic, Precision LR and Renu) and 5 unflavored (Isocal, Isomil, Osmolite, Portagen and Prosobee) enteral feedings were studied in 22 cancer patients (Ca) and 37 non-cancer patients (NonCa) using a 9-point hedonic category scale (1 equals dislike extremely; 5 equals neither like nor dislike; 9 equals like extremely). The feedings selected met the following criteria: 1) made from intact protein isolates, 2) lactose-free, 3) low in residue, and 4) commercially available. Vanilla-flavored feedings were preferred significantly more than unflavored feedings by both patient groups (p less than 0.001). Noncancer patients showed a significantly greater preference than cancer patients for the odor of the feedings (p less than 0.025). There were significant differences in flavor, taste, and odor preferences among the enteral feedings (p less than 0.05). (no Refs)

21. PLASMA ZINC AND VITAMIN A IN HUMAN SQUAMOUS ESOPHAGEAL CANCER (MEETING ABSTRACT).

Mellow MH, Layne EA, Lipman TO, Kaushik M, Hostetler C, Smith JC
Veterans Administration Medical Center, Washington, DC, 20422
Gastroenterology; 80(5,part2):1229 1981

Experimental zinc deficiency in animals promotes esophageal tumor induction with chemical carcinogens. Retinoid administration has suppressed tumor progression in animals. Decreased plasma zinc and vitamin A have been noted in several human squamous cancers. We measured plasma zinc and vitamin A in alcoholic patients with newly diagnosed squamous esophageal cancer and compared these to three age-matched control groups: alcoholics without cancer; non-alcoholics with non-squamous cancer; non-alcoholics without cancer. Patients with factors thought to reduce plasma zinc or vitamin A were excluded: severe liver disease, severe protein energy malnutrition, infection, other acute illness. Conclusions: 1) Alcoholic patients with esophageal cancer have significantly decreased mean plasma zinc values compared to non-alcoholics without cancer. This is unlikely due to alcohol ingestion per se since 6 of 12 alcoholics without cancer had normal zinc values. This is also not due to the presence of a cancer since the non-alcoholics with cancer had normal zinc. 2) Patients with esophageal cancer as well as non-esophageal cancers had low mean plasma vitamin A. Our findings suggest a true deficiency of zinc and/or vitamin A nutrition in patients with esophageal cancer, which may have preceded the onset of illness. Zinc and/or vitamin A deficiency may contribute to the development of esophageal cancer. (no Refs)

22. NUTRITIONAL STATUS OF PATIENTS WITH LUNG CARCINOMA: THE EFFECT OF CHEMOTHERAPY AND PARENTERAL NUTRITION (MEETING ABSTRACT).

Shike M, Feld R, Evans WK, Marliss EB, Harrison JE, Shepherd FA, Jeejeebhoy KN
University of Toronto, Toronto, Canada
Am J Clin Nutr; 34(4):620 1981

We investigated the effect of total parenteral nutrition (TPN) on the nutritional status of patients (pts) with newly diagnosed small cell carcinoma of lung (SCCL), treated with chemotherapy. Nine pts were randomized to receive TPN for 4 wk, and 12 pts continued self-regulated oral diet. At the time of diagnosis, the mean basal energy expenditure for all 21 pts was 1801 +/-88Kcal/d higher than the expected mean of 1358 +/-38 Kcal/d and oral caloric intake was insufficient to meet the requirements. On TPN, mean body wt (BW) rose from 62.7 +/-5.2 to 66.3 +/-5.9 kg with increase in mean body fat (BF) from 19.5 +/-2.9 to 22.1 +/-3.1% and no change in lean body wt (LBW), total body nitrogen (TBN) or total body potassium (TBK). Wt gain correlated with rise in BF. In the po fed group, mean BW fell from 65.0 +/-2.9 to 63.0 +/-3.0 kg. Mean BF fell from 22.2 +/-2.0 to 21.3 +/-2.1% and there was no change in LBW, TBN and TBK. In both groups, mean serum albumin did not change and mean serum transferrin fell. Thus, pts with SCCL are hypermetabolic and their caloric intake is inadequate. TPN induces wt gain while regular oral diet induces wt loss. These changes are due mainly to changes in BF. The body proteins are affected similarly by both regimens. (no Refs)

23. BODY COMPOSITION AND DIETARY INTAKE IN NEOPLASTIC DISEASE.

Cohn SH, Gartenhaus W, Vartsky D, Sawitsky A, Zanzi I, Vaswani A, Yasumura S, Rai K, Cortes E, Ellis KJ
Medical Res. Center, Brookhaven Natl. Lab., Upton, NY, 11973
Am J Clin Nutr; 34(10):1997-2004 1981

Changes in body composition in 37 cancer patients were studied over a period of 6 mo. Total body nitrogen was measured by prompt gamma neutron activation; total body potassium by whole body counting, and total body water with the use of the tritium isotope. The nitrogen balance of patients with neoplastic diseases varied from marked negative to positive. Initially, the patients were divided into two groups: those who lost body wt (over 10%) and those who maintained or gained body wt before the study. Analysis of body composition indicated that patients who lost body wt had caloric and protein intakes markedly below 'normal' levels at the beginning of the study. There also appears to be a direct relationship between the protein intake and the total body potassium/total body water ratio in the cancer patients. At the end of the 6-mo study, the patients were again placed into two groups on the basis of wt loss or gain (and maintenance). Changes in body composition over the period were analyzed in terms of lean body mass, its protein constituent, water, and fat. Wt loss was found to reflect primarily the loss of fat, water, lean body mass (potassium), and only to a minor extent the protein component of lean body mass (nitrogen). Further, on the basis of the values of the ratios of total body nitrogen/total body potassium/total body water, it was possible to ascertain the relative normalcy of the body tissue gained or lost in the 6-mo period. The results of the present study suggest that the ratio total body nitrogen/total body potassium may serve as the best indicator of recent or ongoing catabolism or anabolism of the neoplastic process. By means of the application of the techniques used in this study for the determination of body composition, it should be possible to assess regimes of hyperalimentation for cancer patients who lose body wt. (Author abstract) (13 Refs)

24. EFFECT OF TOTAL PARENTERAL NUTRITION OF CORTISOL SECRETION DURING THE POSTOPERATIVE PERIOD.

Khmelevskii IaM, Sloventantor VIu, Shakhtarin VV, Seniukov MV, Kaplan MA, Zubov OG
Res. Inst. Medical Radiology, Obninsk, USSR
Vestn Akad Med Nauk SSSR; (8):73-77 1981

The effect of total parenteral nutrition (TPN) on the intra- and postoperative cortisol levels in the blood plasma was studied in 42 patients (40 men, 2 women; 32-67 yr old) with cancer of the larynx. The patients were divided into three groups: Group I (12 patients with metastases to the cervical lymph nodes) received postoperative nutrition through the probe, Group II (18 patients with primary cancer of the larynx) received combined treatment (preoperative radiotherapy at 4,000-6,000 rads and surgery) followed by TNP during the first 6 days of the postoperative period, and Group III (12 patients with primary cancer of the larynx) received combined treatment and TNP containing free amino acids. The patients in Groups II and III showed earlier normalization of cortisol levels. (12 Refs) (In RUS)

25. HORMONAL ASPECTS OF PARENTERAL NUTRITION DURING INTENSIVE THERAPY OF CANCER PATIENTS.

Sudzhian AV, Rozanova NB
All-Union Cancer Res. Center, Moscow, USSR
Vestn Akad Med Nauk SSSR; (8):77-79 1981

The effect of parenteral nutrition (PN) on the hormonal status was studied in 83 patients with cancer of the stomach. Pre- and postoperative PN decreased cortisol, glucagon, and growth hormone levels, and increased insulin level. (10 Refs) (In RUS)

26. IS THERE A ROLE FOR ENDOSCOPIC PLACEMENT OF ESOPHAGEAL PROSTHETIC DEVICES IN ESOPHAGEAL CARCINOMA? (MEETING ABSTRACT).

Dobbs SM, Graham DY, Zubler MA, Cain GD, Schwartz JT
Department of Medicine, Veterans Administration Medical Center, Houston, TX, 77211
Gastroentest Endosc; 27(2):134 1981

Endoscopic insertion of esophageal prostheses to treat dysphagia of esophageal carcinoma is becoming a widespread practice. Esophageal bougienage is an alternative and traditional therapy. We performed esophageal dilatation on 16 patients with esophageal carcinoma. The primary indication was dysphagia in 13, and dilatation prior to insertion of a prosthetic device in 3. Dilators were passed 413 x and 14 (88%) of patients were subsequently able to eat a soft or regular diet. Complications occurred in 2 patients; a closed uncomplicated perforation and gastrointestinal hemorrhage with one death. Mean survival was 6 mo. Prosthetic devices were endoscopically inserted in 3 patients because of tracheoesophageal fistula. Results were good in 2. The results with dilatation compare favorably with those of Heit et al. Esophageal dilatation has a lower morbidity and mortality rate than insertion of esophageal prostheses and we believe it is the preferred palliative therapy for esophageal obstruction. Prosthetic devices are reserved for those with refractory strictures or with tracheoesophageal fistulas. These devices may be inserted either endoscopically or intraoperatively. Better palliation of tracheoesophageal fistulas can be achieved with fewer complications and lower mortality with the former approach. (1 Ref)

27. NON SURGICAL PLASTIC PROSTHESIS AS PALLIATIVE TREATMENT FOR INOPERABLE GASTRO-OESOPHAGEAL MALIGNANT STRICTURES (MEETING ABSTRACT).

Dunham F, Toussaint J, Bourgeois N, Jeanmart J, Cremer M
Cliniques Universitaires des Bruxelles - Hospital ERASME, route de Lennick, 808, 1070 Brussels, Belgium
Gastroentest Endosc; 27(2):141 1981

In neoplasic involvement of the esophagus, acute and complete dysphagia or exacerbated coughing with pulmonary infection due to broncho-esophageal fistula are dramatic situations in which non surgical insertion of endoprosthesis is proposed as the most effective palliative treatment in emergency. Since October 1977, 49 patients were treated by this method. The mean age was 67.4 yr. Surgical contra-indications resulted from the following causes in decreasing frequency: 1) a relapse after radiotherapy, chemotherapy and/or surgery; 2) complications due to the malignant condition as broncho-esophageal fistula and metastasis; 3) the age and the vascular disorders; 4) unresectable tumor found at laparotomy. The insertion of the prosthesis was usually preceded by dilatation performed with a metal dilator (Eder-Puestow method) and/ or diathermic resection. The insertion is performed with the Atkinson device under fluoroscopic control. The procedure failed in 3 cases. Three patients had radiotherapy thereafter. Some pain and/or fever can occur in the next 2 days as early complications. Some new fistulas, hemorrhage, sudden death and relapse of dysphagia can occur as later complications. The mean survival after prosthesis placement was 10 wk but some patients are still in life after 18 mo. (no Refs)

28. OUTCOME OF ENDOSCOPIC INTUBATION IN 100 PATIENTS WITH OESOPHAGOGASTRIC CARCINOMA (MEETING ABSTRACT).

Ogilvie AL, Dronfield MW, Ferguson R, Atkinson M
University Hospital at Nottingham, Nottingham, England
Gut; 22(5):A414 1981

Inoperable carcinoma of the esophagus or cardia causes progressive relentless dysphagia and an effective means of palliation is important in management. We describe the results of successful insertion of prosthetic tubes at fibreoptic endoscopy in 100 patients with esophagogastric neoplasms. Fifty patients had adenocarcinomas and 41 had squamous carcinomas. Their ages ranged from 50 to 91 yr. Five fatal, and nine non-fatal esophageal perforations were sustained in 118 intubations. Another seven patients died within a wk of intubation, giving an overall mortality of 12%. Eighty-five patients survived to leave hospital, with marked improvement in dysphagia. Tube function was good, but occasionally problems arose from blockage with food or overgrowth of the tumor, tube migration, or disintegration. In three patients, after radiotherapy to squamous lesions, it was possible to remove the tube without recurrence of dysphagia. Median survival time after intubation was three mo, and 28 have survived for six mo. It would appear that this is a safe and effective method of palliation of esophagogastric neoplasms. (no Refs)

NURSING CARE

29. SCREENING FOR SKIN CANCER. A NECESSARY PART OF YOUR ASSESSMENT ROUTINE.

Schulmeister L
M. D. Anderson Hosp. and Tumor Inst., Univ. Texas, Houston, TX
Nursing; 11(10):42-45 1981

An outline is presented of how the nurse in the course of her duties can help identify skin cancer. The nurse should be concerned with determining risk factors, assessment of skin identification of skin cancer, and examination of warts, moles, scars, birthmarks. The need for follow-up is stressed. (7 Refs)

30. MAXIMIZING NURSING EXPERTISE FOR CANCER PREVENTION (MEETING ABSTRACT).

White LN
No affiliation given
Oncology Nursing Conference III, September 9-11, 1981, Houston Texas. University of Texas System Cancer Center M. D. Anderson Hospital and Tumor Institute 62 pp., 1981.

Knowing the right questions to ask is the first part of cancer prevention and screening for any type of cancer. The role of the nurse is to elicit possible risk factors and signs and s ymptoms. The physical assessment is the second part of screening. An examination should include inspection, palpation and a few screening tests. Some cancers are preventable, or if detected during their early stages may be reversed. For example, non-melanoma skin cancer, a highly curable cancer accounts for an estimated 400,000 new cases. When checking the oral cavity, the nurse needs to be aware of the characteristics of pre-cancerous lesions. Screening for breast cancer appears to offer promise of a reduction in the mortality from this cancer which remains the foremost site of cancer mortality among American women. Cervical cancer is essentially a preventable cancer and if detected during the early stages can in certain cases be reversed. The screening test most accepted for detecting cancer of the cervix is cytology. Some cancers of the colon-rectum can be found by digital examination and this safe, cost-effective examination should be employed as a routine screening examination. Cancer prevention and early detection covers a broad spectrum of interrelated activities . The path from etiologic research to the application of the preventive measures involves many steps and the nurse is one of the most important in our fight against cancer. (no Refs)

31. RESOURCES, UNCERTAINTY AND COPING DECISIONS IN BREAST CANCER PATIENTS (MEETING ABSTRACT).

Ryan S
No affiliation given
Second Conference on Cancer Nursing Research, September 1-5, 1981, London, England American Cancer Society; :A15 1981

The purpose of the study was to determine the influence of five independent resource variables which included psychological resources, socio-community resources, marital role responses, parenting role resources, and physical resources, and the influence of one situational variable, ambiguity, on the selection of different coping decision responses, that is, minimizing stress behaviors, buffering situation behaviors and mobilizing infusion behaviors. The goal of this investigation was to generate an expanded, revised theoretical coping model for further testing. Data were collected with an interviewer-administered questionnaire conducted in the subject's home and lasting approx one hr. The data were analyzed by examining 1) the demographic characteristics, 2) correlations among the independent variables, and 3) regression analysis of the theory model predictions. The evidence supports the original axiom that differential resources, namely, psychological, social and physical, account for an individual's differential selection of coping responses. Specifically, this study found that strong marital resources and a sense of mastery over the environment seems to deter the use of buffering behaviors; strong parenting role resources, physical resources and a self-denigrating attitude of one's self deter the use of mobilizing infusion beh aviors. (no Refs)

32. MASTECTOMY SELF-HELP GROUP EXPERIENCE (MEETING ABSTRACT).

Steiger N
No affiliation given
Second Conference on Cancer Nursing Research, September 1-5, 1981, London, England American Cancer Society; :A17 1981

Even while self-help groups with and without professional facilitators proliferate to an estimated 15 million members in this country and research by other investigators has shown that social and community ties are associated with a lower risk of mortality, traditional forms of health care delivery have not adequately studied the influence of social support systems on health and illness. A small sample population of thirteen women between 33 and 65 yr of age, who had undergone mastectomy and were participants in two separate self-help groups with nurse facilitators expressed positive feelings about this group experience. Findings from this study indicate that women do not necessarily find an open-ended format to the group process as being favorable. The group participants were comprised of women who ranged from five wk to two yr after surgery to initiation of group membership. The issue of the time lapse was a significant variable perceived as important by the women themselves. Implications for nursing included the findings that the majority of women had not engaged in regular breast self-examination prior to discovering they had cancer, had found their education about mastectomy in the traditional health care system inadequate and that the precise methods of mechanics of 'coping' with such a crisis remain unclear. The duration of these groups, which ranged from six and eight wk did not appear to be based on any sort of demonstrable criteria by the nurse facilitators and needs to be further investigated. The lack of public awareness about such self-help care alternative, the paucity of supportive documentation and research is discussed with a call for further investigation by nurse researchers. (no Refs)

33. NOW: AN ALTERNATIVE TO BREAST CANCER SURGERY.

Yergey L
Dept. Radiation Oncology, Johns Hopkins Oncology Center, Baltimore, MD
RN; 44(5):73-74,76 1981

An iridium implant procedure for treatment of breast cancer is described. First stage of treatment consists of external beam irradiation (total dose 5,000 rads, delivered in single doses of 200 rads/day, 5 days/wk for 5 wk) of the affected side of the chest and axilla. Second stage consists of insertion of iridium implants, performed about 2 wk after completion of external irradiation. Nylon tubes are inserted through the tumor area at 1 cm intervals using steel guide needles. Radioactive iridium seeds are placed in the tubes at 1 cm intervals, forming a grid. Implants remain in place for the time necessary for a total dose of about 2,000 rads, usually about 24 hr. Five-yr disease-free survival rates are 91% for Stage I and 60% for Stage II breast cancers. The implant technique involves minimal discomfort and tissue loss and spares the patient the psychological trauma of mastectomy. It is an effective alternative to mastectomy in early stages of breast cancer. (3 Refs)

34. A PROGRAM OF NURSING CARE FOR PATIENTS WITH LUNG CANCER.

Brown MH, Kiss ME, Cimprich B
Memorial Sloan-Kettering Cancer Center, New York, NY
Cancer Nurs; 4(5):409-418 1981

A standard program of nursing care for the adult lung cancer patient undergoing thoracotomy, pulmonary resection, and mediastinal node dissection is presented. The program may also be adapted to patients receiving thoracotomy for procedures such as radioisotope implantation, pleurectomy, decortication, or resection of metastatic pulmonary nodules. The framework of the program consists of potential or actual problems characteristically experienced by the patient population, nursing interventions to prevent or treat the identified problems, and expected patient outcomes. Problems considered include patient participation in perioperative care activities, patient fear, ineffective airway clearance and impaired lung expansion resulting from anesthesia and pulmonary resection, ineffective breathing pattern related to impaired lung expansion from inadequate post-surgical drainage of the pleural space, pain and discomfort related to incision and presence of chest tube, impaired physical mobility due to decreased strength and endurance, infection related to incision and chest tube insertion, impaired mobility of shoulder and arm on operative side, alteration in bowel elimination, ineffective coping of patient and/or family, and patient education concerning post-discharge self-care management. (8 Refs)

35. LUNG CANCER MANAGEMENT (MEETING ABSTRACT).

Armstrong D
No affiliation given
Oncology Nursing Conference III, September 9-11, 1981, Houston, Texas. University of Texas System Cancer Center M.D. Anderson Hospital and Tumor Institute 62 pp., 1981.

Lung cancer continues to be the number one cancer in medicine and in cancer deaths among American men. Moreover, it has recently become the number one cancer among American women. Over 120,000 people in the United States will be diagnosed with lung cancer this yr, and approx 100,000 of those persons will die of their disease. One of the main reasons for the poor prognosis in lung cancer is that at the time of diagnosis, 80% of patients have disease present outside the chest. Therefore, these patients are not eligible for primary surgical resection. Chemotherapeutic regimes have been developed and are constantly being revised to attempt to improve survival of these patients. Topics to be discussed include: a view of the etiology and diagnosis of lung cancer, chemotherapy programs for the two major subdivisions o f small cell cancer verus non-small cell, nursing care of these patients, as well as nursing care for patients with advanced disease. (no Refs)

36. NEED PRIORITIES OF ADRENALECTOMY PATIENTS AS PERCEIVED BY PATIENTS, NURSES, AND PHYSICIANS.

Marecki M
Sch. Nursing, SUNYAB, 1104 Stockton Kimball Tower, Buffalo, NY, 14214
JOGN Nursing; 10(5):379-383 1981

Adrenalectomy patients, their nurses, and doctors were studied to identify perceived patient need priorities. Adrenalectomy as palliative therapy for advanced metastatic breast cancer has many physical and psychosocial ramifications. Perception of patient needs varies among patients and medical personnel. Improved pre- and postoperative assistance to the patient is required. (13 Refs)

37. MELANOMA - TYPES, TREATMENT AND NURSING MANAGEMENT (MEETING ABSTRACT).

Cox L
No affiliation given
Oncology Nursing Conference III, September 9-11, 1981, Houston, Texas. University of Texas System Cancer Center M.D. Anderson Hospital and Tumor Institute 62 pp., 1981.

Melanoma is a malignant cancer usually arising in the skin as its primary site. Approx two-thirds of melanomas develop in pigmented lesions or nevi, which have undergone change. The four cardinal signs are growth, bleeding, itching, and color change. There are several theories of etiology, but none have ever been proven to be a definite cause. The three most prevelant types of melanoma are superficial, lentigo maligna, and nodular. Surgery remains the treatment of choice since melanoma is fairly unresponsive to radiotherapy, chemotherapy, and immunotherapy. Several types of chemotherapeutic drugs are used in an attempt to attain a response. The most common drug administered is Dacarbazine which can have up to a 25% response rate. Melanoma tends to metastasize quickly and frequently involves the nearest lymph nodes and eventually the liver, brain, bones, and intestines. Stage I disease is curable, but more advanced stages have a high recurrence rate particularly if there is lymphatic involvement. As with other cancers, melanoma has a better rate of successful treatment if it is diagnosed early. However, because of the insidious nature of the signs of the disease, it frequently goes undetected until it has become more advanced. (no Refs)

38. MULTIPLE MYELOMA (MEETING ABSTRACT).

Levitt DZ
No affiliation given
Oncology Nursing Conference III, September 9-11, 1981, Houston, Texas. University of Texas System Cancer Center M.D. Anderson Hospital and Tumor Institute 62 pp., 1981.

Multiple myeloma is a neoplastic disease that characteristically arises insidiously in persons over the age of 40. Individuals with this plasma cell proliferation are generally treated in an outpatient setting. Thus, the nurse is challenged to evaluate the patient's status and to plan his care up on limited contact. Many of the complications associated with multiple myeloma can be prevented if abnormalities are detected promptly. To acomplish this goal patients and their families must be informed about the cause of the disease and its consequent treatment. Treatment for multiple myeloma has improved over the past several yr, but has become more aggressive, compounding the potential for treatment related complications. Aggressive treatment, however, has resulted in increased response rates allowing some patients to live longer than five yr. (no Refs)

39. HODGKIN'S DISEASE AND THE NON-HODGKIN'S LYMPHOMAS (MEETING ABSTRACT).

Burkeen P
No affiliation given
Oncology Nursing Conference III, September 9-11, 1981, Houston Texas. University of Texas System Cancer Center M. D. Anderson Hospital and Tumor Institute 62 pp., 1981.

Cancers that originate in the lymphoreticular tissues of the body are known as malignant lymphomas. This broad classification includes a heterogenous group of neoplasms which can be distinguished from one another on the basis of histopathologic appearance and different patterns of involvement and spread. Malignant lymphomas are currently divided into two major classifications: Hodgkin's and non-Hodgkin's lymphomas. During the past decade a number of major strides have been made toward the cure of Hodgkin's disease. Progress in the management of non-Hodgkin's lymphomas has been less inpressive. The crucial importance of correctly diagnosing and differentiating between Hodgkin's and non-Hodgkin's lymphomas, and the impact of the diagnosis on therapy and survival rates will be discussed. To institute appropriate nursing interventions, the nurse is required to have an understanding of the disease processes, identified as Hodgkin's and non-Hodgkin's lymphomas and the pathophysiological consequences. This lecture will provide the nurse with an overview of the disease processes, the manifestations and current clinical management, as well as incorporate the information into supportive, organized nursing care measures that effectively meet the needs of the Hodgkin's and the non-Hodgkin's lymphoma patient. (no Refs)

40. LEUKEMIA: NURSING MANAGEMENT.

Houlihan NG, Flaherty AM
Memorial Sloan-Kettering Cancer Center, New York, NY
Cancer Nurs; 4(5):397-405 1981

In the fifth in a series of programmed instruction units, nursing interventions for patient problems related to leukemia and its treatment are identified. Topics considered include patient education, treatment of oral mucositis, treatment of systemic infection and hemorrhage, nutrition, and minimization of disease-induced changes in role performance. (no Refs)

41. ENHANCING SELF-CARE BEHAVIORS THROUGH INFORMATIONAL INTERVENTIONS IN PATIENTS WITH CANCER WHO ARE RECEIVING CHEMOTHERAPY (MEETING ABSTRACT).

Dodd MJ
No affiliation given
Second Conference on Cancer Nursing Research, September 1-5, 1981, London, England American Cancer Society; :A9 1981

The purpose of the experimental study was twofold. The first purpose was to determine what 48 cancer patients receiving chemotherapy a) knew about their treatment, its purpose and its potential side effects; b) did for themselves to manage the side effects they experienced, and c) reported regarding their general affective state. The second purpose was to test three hypotheses about the effects of three nursing interventions, drug information and side effects management techniques (SEMT), and a combination of the two, on patients' chemotherapy knowledge, self-care behavior, and general affective state. Subjects were randomly assigned to four experimental conditions: drug information only, SEMT only combined information, or a control group. The hypothesis that subjects who received drug information, alone or in combination with other information, would have higher Chemotherapy Knowledge Scores was supported. The hypothesis that subjects who received SEMT information alone, or in combination with other information, would perform more self-care behaviors and have a higher degree of perceived effectiveness of their self-care behaviors was supported. The hypothesis that patients who received combined information would not only demonstrate as much knowledge and implement as many self-care behaviors as predicted for the single information groups, but would also show a more positive affective response as evidenced by their scores on an adjective check-list of affective states was supported in part. (no Refs)

42. NURSING CARE OF PATIENTS RECEIVING RADIATION THERAPY IN A RESEARCH SETTING (MEETING ABSTRACT).

Smith R
National Cancer Institute, Bethesda, MD
Oncology Nursing Conference III, September 9-11, 1981, Houston, Texas. University of Texas System Cancer Center M.D. Anderson Hospital and Tumor Institute 62 pp., 1981.

The multi-modality approach to the treatment of patients with cancer has become increasingly prominent in many research centers and hospitals. One such research setting is the NCI in Bethesda, Maryland. Patients from various geographic, economic, educational, and social backgrounds are referred to the NCI for consideration of treatment. The vast majority of patients arrive at the NCI with the knowledge of a cancer diagnosis. After this diagnosis is confirmed, the patient becomes eligible for participation in certain NCI protocols. The nurse plays a vital role in assessing the patient's understanding and reaction to the diagnosis of cancer. This presentation will address the nursing care of specific patient populations receiving radiation therapy. The radiation therapy is delivered externally, interstitially, or intraoperatively depending on the primary tumor location. Disease specific surgical procedures and combination chemotherapy regimes complete the triad of modalities that may be utilized. Patients with confirmed diagnosis of primary breast cancer, gastric cancer, pancreatic cancer, sarcoma, lymphoma, small cell cancer of the lung and mycosis fungoides receive at least two of the aforementioned modalities. Total care of the oncology patient requires the expertise of all members of the multidisciplinary team. Nurses and physicians from the radiation, medical and surgical oncology departments as well as representatives from physical therapy, social work, psychiatry, psychology and spiritual ministry are members of the team at the NCI. As a multi-modality approach to cancer treatment becomes more popular; it becomes important for the nurse to deliver direct patient care, as well as to function as the patient's teacher, advocate, and care coordinator. (no Refs)

43. A CANCER PRIMER.

Hathaway D
No affiliation given
J Pract Nurs; 31(9):20-26 1981

A comprehensive summary is presented of the basic cellular abnormalities involved in new growths, both benign and malignant, factors involved in tumor growth, and treatment modalities (surgery, radiation, chemotherapy, and immunotherapy). Nursing interventions for the patient with cancer are detailed with respect to disease chronology, patient and family concerns, and establishment of diagnosis as benign or malignant disease. Disease stages covered are: suspicion of abnormality, awaiting diagnosis, establishment of diagnosis, determining treatment approach, participation, successful treatment, and treatment failure. Recent advances in immunotherapy are discussed. Chemotherapeutic agents are grouped according to class, action, common side effects, representative drugs, and typical uses. (9 Refs)

44. GOALS OF PAIN CONTROL AND HOW THEY CAN BE ACHIEVED (MEETING ABSTRACT).

Hill CS

No affiliation given

Oncology Nursing Conference III, September 9-11, 1981, Houston, Texas. University of Texas System Cancer Center M.D. Anderson Hospital and Tumor Institute 62 pp., 1981.

Optimum pain control, for most people, is the absence of pain without loss of functional control of some or all facilities. In many cases it cannot. The first place to start in setting treatment goals for pain in paients with advanced cancer is learning what the patient's attitude is toward his pain. The patient should consider the type of treatment which is proposed to control the pain. When these questions are unanswered the patient and the physician should have a fairly clear idea about what to expect from a program of pain control. About 90% of patients with chronic pain will have to rely on drugs for pain control. There are in general four categories of drugs used. None of the drugs, however, have the idea l quality of relieving pain without side effects, toxicity, and without developing tolerance and dependency. The four categories are: (1) the non-narcotic analgesics, (2) the nonsteroid anti-inflammatory drugs, (3) psychotropic drugs, and (4) narcotic analgesics. Once the decision has been made to use drugs, one must decide which drug to use. A key factor in this decision is an assessment of the severity of the pain. Doses, schedules and routes of administration are key factors in the success of pain control with drugs. There are other factors, however, that can contribute to the success or failure of a drug treatment program. Probably the most important is the professional staff's attitude toward narcotics and analgesics. The health care team should be able to provide the patient with cancer with a pain control program which will allow the desired degree of pain relief without preventing the patient from participating in all the physical activities he/she desires within the limitation of the disease itself. (no Refs)

45. SIDE EFFECTS OF CHEMOTHERAPY: HOW TO COPE WITH THE 3 B'S (MEETING ABSTRACT).

Ballentine R, Huber S

University of Houston College of Pharmacy, Houston, TX

Oncology Nursing Conference III, September 9-11, 1981, Houston, Texas. University of Texas System Cancer Center M.D. Anderson Hospital and Tumor Institute 62 pp., 1981.

Cancer patients who have received chemotherapy regimens consisting of a variety of different antineoplastic drugs will be present for a group discussion. The first part of the program will consist of an interview with the patients discussing such topics as: Common side effects of the various agents, pros and cons of ambulatory chemotherapy, how to deal with nausea including the use of tetrahydrocannabinol, and anorexia and taste changes. The emphasis will be on the patients perspective of chemotherapy and how to cope with the problems encountered. (no Refs)

46. THE INFLUENCE OF THE TIME OF ADMINISTRATION ON CIS-PLATINUM INDUCED NAUSEA AND VOMITING IN CANCER PATIENTS (MEETING ABSTRACT).

Moore JH

No affiliation given

Second Conference on Cancer Nursing Research, September 1-5, 1981, London, England American Cancer Society; :A27 1981

Thirteen adult cancer inpatients receiving cis-platinum (CP) were scored on hr of nausea, severity of nausea episodes of vomiting during the 16 hr post chemotherapy. Descriptive statistics were used to analyze the frequency distribution of nausea and vomiting over the 16-hr period. The Kendall Correlation Coefficient Test was utilized to express the degree of association between the variables of time of drug administration, age, dose, anxiety, sleep, number of previous treatments, and the dependent variables of nausea and vomiting. The Fisher Exact Probability Test was used to analyze the influence of sex differenc es, diagnosis, activity, food intake, pre-chemotherapy vomiting and differences between administration times on nausea and vomiting. Data related to the time of chemotherapy administration was contained in four major time periods. No significant correlation was found between the four major periods of time and nausea and vomiting. Two subjects were restudied on their next CP treatment with variables controlled except that administration time differed. Results revealed differences in vomiting severity and duration for one subject, and slight differences in vomiting severity and duration for the other. A significant correlation was found between the hr of sleep the night before chemotherapy and severity of vomiting. No significant correlation was found between anxiety and nausea or vomiting severity. (no Refs)

47. EFFECTS OF CHEMOCAP ON OCCURRENCE OF CHEMOTHERAPY-INDUCED ALOPECIA (MEETING ABSTRACT).

Kennedy M

No affiliation given

Second Conference on Cancer Nursing Research, September 1-5, 1981, London, England American Cancer Society; :A26 1981

Subjects scheduled to receive Adriamycin (A) or adriamycin with cyclophosphamide (Ac) were stratified as to the type of chemotherapy drug they were receiving (A or Ac) and then randomized to receive or not receive the Chemocap with tourniquet. The study was designed as a 2 (A versus Ac) x 2 (Chemocap with tourniquet versus no Chemocap or tourniquet) factorial experiment. Dependent variables included (1) hair loss evaluated by independent 'blind' comparison of photographs and patient self-ratings, (2) appearance of metastatic scalp nodules, (3) patient tolerance of Chemocap, (4) patient self-rating of general condition, activity level (ambulatory, bedrest, or immobile) and quality of life (patient self-rating on life satisfaction and feelings of usefulness. In this ongoing study, five patients have been randomized to receive drugs alone. Alopecia (necessity for wig use in public) developed in four patients by all criteria after a median of one course. Seven patients have been randomized to receive drugs with Chemocap and five developed alopecia after a median of two courses. Three patients received drugs with the Chemocap on a nonrandomized basis after refusal to be randomized and two developed alopecia after a median of three courses. The frequency of satisfactory hair retention was, therefore, 20% in the non-Chemocap group; 28% in the randomized Chemocap group; and 30% in the entire Chemocap group. No patient developed scalp nodules in either group. Two of ten patients using the Chemocap were intolerant of the cap treatment. No significant differences between the two groups were found on patient self-ratings of activity level and quality of life. (no Refs)

48. THE IMPACT OF CANCER AND ITS THERAPY ON SEXUAL FUNCTION (MEETING ABSTRACT).

Rodriguez DB, Von Eschenbach AC
No affiliation given
Oncology Nursing Conference III, September 9-11, 1981, Houston, Texas. University of Texas System Cancer Center M.D. Anderson Hospital and Tumor Institute 62 pp., 1981.

The diagnosis of cancer can evoke a myriad of emotions such as fear, frustration, anger, and anxiety, not only for the patient, but for his loved ones as well. Sexual rehabilitation is an important contribution that we as health care professionals can make to the quality of survival of our cancer patients. A team approach can be utilized by health care professionals who are involved in the total care of cancer patients. The nurse can participate on this team by becoming aware that sexuality is a part of a person's health and well-being that does not disappear during illness. The nurse can begin by learning to assess patients, giving them permission to express their feelings, and providing them with relevant information about their sexual concerns. It is especially important that the nurse use good professional judgment in relationships with patients. A nurse must not let her own concern for problem-solving cause her to overstep the patient's personal boundaries without the patient's permission. The nurse needs to be aware of the patient's own perception of his sexuality and consider his situation first. She must recognize her own limitations and know when the patient needs referral to a professional with special education and skills. It becomes a challenge for the team involved to determine each patient's needs, desires, and potential for sexual rehabilitation. These can then be addressed in terms of self-esteem, intimacy, interpersonal love, and affection in the restoration process for the patient and his loved one. The nurse can effectively participate on this team to the extent of her level of comfort and expertise. (no Refs)

49. ASSESSMENT OF QUALITY OF LIFE IN CANCER PATIENTS (MEETING ABSTRACT).

Padilla GV
No affiliation given
Second Conference on Cancer Nursing Research, September 1-5, 1981, London, England American Cancer Society; :A20 1981

The purpose of the research was to develop and test a practical, reliable and valid tool to evaluate the quality of life (QL) in cancer patients. The research instrument was tested on 50 chemotherapy inpatients, 66 chemotherapy outpatients, 39 diabetic noncancer patients, and 26 healthy individuals. The test was usually completed in ten min. The factor analyses on this sample yielded three QL factors independent of one another: performance (strength, appetite, working, eating, and sex); symptoms (nausea and vomiting); and general quality of life (quality of life, having fun, satisfying life, feeling useful). Items descriptive of each factor showed high factor loadings of .68 or better on the relevant factor, and low loadings of .25 or less on other factors. These findings indicated satisfactory construct validity for the tool. Comparison of patient scores with physician ratings of Karnofsky score, QL estimation, and prognosis showed significant but relatively low correlations. Preliminary analyses indicate that QL tool is practical, reliable and valid, and gives scores independent of traditional physician evaluations. Scores from the tool may be more reliable indicators of the value of a palliative treatment program than physician parameters or tumor measurement. (no Refs)

50. INTRAVENOUS THERAPY (MEETING ABSTRACT).

Lawson M

No affiliation given

Oncology Nursing Conference III, September 9-11, 1981, Houston Texas. University of Texas System Cancer Center M. D. Anderson Hospital and Tumor Institute 62 pp., 1981.

Patients with cancer are frequently faced with intensive and/or intermittent iv therapy. To overcome problems related to the delivery of fluids, drugs and blood products, a program has been developed using silicone-elastomer central venous catheters placed percutaneously by either a doctor or Registered Nurse on the Infusion Therapy Team. The use of a portable infusion pump for the delivery of continuous iv therapy to outpatients is part of the program. Use of silicone catheters has proven to be reliable and safe with more than 3,000 patients. Silicone catheters can remain indwelling for indefinite periods of time for patients in or out of the hospital. The outpatient pump program provides the patient with a desirable alternative to hospitalization, thus increasing the quality of lifestyle during therapy. The success of the program is based on a well trained staff to manage the program, extensive patient/family education, and the proven safety and reliability of the catheters and pumps. (no Refs)

51. NUTRITION FOR PATIENTS WITH CANCER: CONCEPTS, CONTROVERSIES AND MISINFORMATION (MEETING ABSTRACT).

Frankmann C

No affiliation given

Oncology Nursing Conference III, September 9-11, 1981, Houston, Texas. University of Texas System Cancer Center M.D. Anderson Hospital and Tumor Institute 62 pp., 1981.

Cancer may adversely affect the nutritional status of the patient as a result of the systemic effects of the disease itself. The wt loss experienced by many patients with cancer is, for the most part, attributable to inadequate food intake resulting from anorexia. Taste abnormalities have been reported in some patients, although the nature of these changes varies. There is reasonable evidence that some patients with cancer do have increased resting metabolic expenditure occurring often in a setting of decreased energy intake. Localized tumor effects may interfere with ingestion, digestion, or absorption of food. Significant nutrition problems may arise as a result of a specific treatment instituted in an effort t o eradicate or palliate the disease. Basic principles of effective nutrition therapy in the patient with cancer can be summarized as follows: 1) Malnutrition is not an obligatory response of the host to cancer. 2) A rational nutrition program for a patient requires analysis of the factors inducing depletion in that patient. 3) Nutrition therapy should be instituted early when the patient is deemed to be at risk for malnutrition since it is much easier to maintain a good state of nutrition than it is to try to rehabilitate the already debilitated patients. 4) It is essential that the patient who has had improvement in nutrition status in the hospital be followed after discharge to maintain and/or continue to improve nutritional status. It is essential that patients learn how to evaluate the claims they encounter, that they be encouraged to discuss their nutrition concerns with the dietitian, and that they be provided with sources of reliable nutrition information. (no Refs)

52. PLANNING NURSING INTERVENTIONS FOR FAMILY MEMBERS OF ADULT CANCER PATIENTS.

Welch D

Roger Williams General Hosp., Providence, RI

Cancer Nurs; 4(5):365-370 1981

This article describes the results of an exploratory study identifying components of family coping during the cancer experience. Forty-one family members of adult cancer patients completed the 30-item Likert-format Family Coping Strategies questionnaire, which was compiled by the researcher as a result of pilot study findings. Items with which the majority of the study respondents strongly agreed and disagreed are listed. A rank-ordering questionnaire entitled Specific Family Needs was also completed by the study respondents, which prioritized helpful nursing interventions for family members. Implications for nursing practice are also outlined as a result of study findings. (Author abstract) (28 Refs)

53. SKILLS NEEDED BY FAMILY MEMBERS TO MAINTAIN THE CARE OF AN ADVANCED CANCER PATIENT.

Grobe ME, Ilstrup DM, Ahmann DL

Mayo Comprehensive Cancer Center, Maylo Clinic and Mayo Foundation, Rochester, MN

Cancer Nurs; 4(5):371-375 1981

In order to determine the need for family education with respect to care for terminally ill cancer patients, 27 advanced cancer patients and 28 family members of advanced cancer patients were interviewed in a structured manner regarding their perception of family educational needs during the patients' preterminal period. Comparison interviews were obtained from 22 patients and family members. Twenty-nine family members of deceased cancer patients chosen by random selection were also interviewed. All patients were no longer recipients of specific anticancer therapy (palliative care only). Fisher's Exact Test was applied to test associations between variables. The only family educational need indicated by at least half of the respondents was the need to learn ambulation skills. However, 81% of the patients and 66% of the family members expressed the need to learn one or more of the following skills: ambulation, bowel management, comfort care, dietary control, pain management, and wound and skin care. Disparity in responses between patients and their corresponding family members was consistently found which may represent a communication problem between the patient and his family. Respondents who had learned the necessary skills by the trial and error method expressed dissatisfaction with the learning method more frequently than did those who had been informally instructed by a health professional. There was no difference in satisfaction with regard to the presence or absence of followup by a health care professional. Responses were not associated with either the location of the interview or the patient's state of debility. However, among the family members of the deceased a significant association (p less than 0.01) was documented between the need to acquire skills and a retrospective preference for home care. These data support the beliefs that (1) the perceived needs of each patient and his family with respect to patient management skills must be assessed and (2) anticipatory education of the family regarding patient management is likely to support the goal of home care. (Author abstract) (8 Refs)

54. THE EFFECTS OF MATERNAL ATTENDANCE IN THE CARE OF YOUNG CHILDREN WITH A DIAGNOSIS OF CANCER (MEETING ABSTRACT).

Shanley PJ

No affiliation given

Second Conference on Cancer Nursing Research, September 1-5, 1981, London, England American Cancer Society; :A3 1981

A study was conducted to describe and determine the differences in selected behaviors (mother-child interaction, separation anxiety, eating behavior, play activity, autoerotic behavior, sleep behavior and elimination behavior) demonstrated by two groups of young children who were hospitalized for the diagnosis or treatment of an early stage primary malignancy. The hypothesis for the study stated that young children who have unlimited maternal attendance while hospitalized for a malignancy attain a score higher on the Behavioral Index in the selected behaviors than young children who are hospitalized with cancer and have limited maternal attendance. Using a comparative survey design in which mothers volunteered to room-in or not room-in, 20 children with cancer between 15 and 48 mo who experienced unlimited maternal attendance were compared to 17 children between 15 and 48 mo who experienced limited maternal attendance while hospitalized. Data were obtained through direct observation within a systematic time sample across three consecutive days. The observations were recorded on an observational schedule that yielded 7 Behavorial Index scores which were the basis of comparison used to test the hypothesis. The data generated from the observational schedule were statistically analyzed using a series of t-tests. These findings were consistent with the previous research on mother-child separation during hospitalization and suggest that the child's environment during hospitalization needs to be ordered in as familiar a pattern as possible to promote developmental appropriate behavior in the young child hospitalized with cancer. (no Refs)

55. FEELINGS (MEETING ABSTRACT).

Norris L

No affiliation given

Oncology Nursing Conference III, September 9-11, 1981, Houston, Texas. University of Texas System Cancer Center M.D. Anderson Hospital and Tumor Institute 62 pp., 1981.

The diagnosis of cancer creates a stressful situation for the patient and his family. The fear of loss of a body part, a progressive debilitating disease, and death can result in patterns of maladaption. The nurse is in a prime position to support the patient and family throughout the experience with cancer. Therefore, it is vital that the oncology nurse be skilled in communication techniques that encourage patient/family verbalization of fears and anxieties. However, to effectively meet the patient's emotional needs, the nurse must cope with her own emotional responses to caring for the cancer patient. This is a difficult and sometimes impossible task for some nurses. This presentation encompases a discussion of common fears and emotional reactions that patients and their families experience when a diagnosis of cancer is made. Common coping strategies used by both the new and the experienced oncology nurse are discussed and concrete ideas are given to help the nursing staff handle the emotional stresses of the job. Emphasis is made on the need for orientation of nursing staff to nursing interventions that help meet the patient's psychosocial needs. (no Refs)

56. EXPERIENCED PERSONAL CONTROL AND QUALITY OF LIFE IN NON-CURABLE CANCER PATIENTS (MEETING ABSTRACT).

Lewis FM
No affiliation given
Second Conference on Cancer Nursing Research, September 1-5, 1981, London, England American Cancer Society; :A19 1981

Subjects were asked to complete four standardized instruments: Rosenberg's Self-Esteem Scale, Crumbaugh's Purpose-In-Life Test, Lewis, Firsich, and Parsell's Anxiety Scale and Wallston, Wallston, Kaplan and Maides' Health Locus of Control Scale. The study sample consisted of 21 males and 35 females ranging in age from 21 to 79. The most frequently cited diagnostic category by primary site was lung, breast, ovarian and lymphatic. Sixty-four had been diagnosed one yr or less. The following hypotheses were tested: (1) higher levels of experienced personal control over one's life will be associated with quality of life, namely; more perceived purpose to one's life, higher self-esteem, and lower self-reported anxiety; (2) higher levels of experienced control over one's health will be associated with experienced quality of life; and (3) the longer the history of no control over the cancer prognosis, the lower the experienced quality of life. Study results provide suggestive evidence that the non-curable cancer patient's experienced quality of life is not a function of control they feel they maintain over their health but rather a function of a more generalized sense of control over one's life. (no Refs)

57. STRESS INOCULATION TRAINING WITH CANCER PATIENTS.

Moore K, Altmaier EM
Div. Medical Oncology, Dept. Medicine, Univ. Florida, Gainesville, FL
Cancer Nurs; 4(5):389-393 1981

Stress inoculation techniques were taught to outpatient oncology clinic participants during a pilot project at the University of Florida Shands Teaching Hospital. An intervention model developed for use with this population included instruction in coping skills for a variety of problematic situations, such as fear of needles and prechemotherapy vomiting. The pilot sample consisted of nine cancer patients receiving chemotherapy. An inductive thought-listing measurement procedure was used to assess self-statements relevant to the clinic situation. Prior to treatment, four of these patients were assessed as adjusting well to their clinic experience. The remaining five patients exhibited problematic behaviors, primarily anticipating vomiting. Posttreatment observations indicated that the stress inoculation techniques were beneficial in altering anxiety-related behaviors. Stress inoculation techniques and rationale are discussed. Case examples and suggestions for modification to the model are presented. (Author abstract) (19 Refs)

58. AFFILIATIVE NEEDS OF CANCER PATIENTS (MEETING ABSTRACT).

MacKenzie GB
No affiliation given
Second Conference on Cancer Nursing Research, September 1-5, 1981, London, England American Cancer Society; :A2 1981

The purpose of this study was to examine the perceived needs of cancer patients undergoing the diagnosis and treatment of cancer with regard to affiliation, the engagement in interpersonal relationships for the sake of belongingness, inclusion, sharing and love. The study was also designed to identify any patterns which occur in interpersonal relationships and family communication during this time. The affiliation interview tool consisted of questions divided into two categories of interpersonal relationships and family communication. Based on a reporting of total frequencies with further separation into male and female responses, data for the evaluative-comparative study were generated. Data from the descriptive study generated 8 content categories which represented responses to cancer as identified in the literature . They were acceptance, denial, anger, isolation, depression, needs for information, increased awareness of religion and increased support of the family. (no Refs)

59. HOPE, AS VIEWED BY THE PERSON WITH INCURABLE CANCER: THE DEVELOPMENT OF A HOPE SCALE (MEETING ABSTRACT).

Hunter RL

No affiliation given

Second Conference on Cancer Nursing Research, September 1-5, 1981, London, England American Cancer Society; :A23 1981

An exploratory design utilized a one time only standardized interview of 30 subjects diagnosed with incurable cancer in early or late stages. In a twenty min taped interview, the subjects 1) rated their current level of hope as low, mild, moderate, high or very high, 2) told what hope meant to them, and what factors contributed to hope and 3) told what low hope was to them, and what contributed to low hope. The subjects then verbally answered questions from the human relations questionnaire and personal data form. The subjects completed, in writing, the Self-rating Depression Scale. After the subjects left, the investigator completed the Behavior Morale Scale. The hypotheses accepted were that the level of hope was variable, was positively related to morale and negatively related to depression. The hypotheses not accepted were that the level of hope was higher in radiation treatment subjects, higher in subjects with externally manifest cancer, positively related to human relations and that the subject with late stage cancer more frequently defined hope as short term goals. (no Refs)

60. SPECIAL CARE FOR SPECIAL PEOPLE (MEETING ABSTRACT).

Walker S

Department of Oncology, St. Joseph Hospital, Houston, TX

Oncology Nursing Conference III, September 9-11, 1981, Houston, Texas. University of Texas System Cancer Center M.D. Anderson Hospital and Tumor Institute 62 pp., 1981.

Cancer patients and their families have needs that differ from those of other patients due to the seriousness of illness, the generally lengthy hospital stays and frequent return visits. The perspective planning and consultation necessary to meet the needs of these special people are incorporated as the prime responsibility of the Clinical Coordinator of Oncology. This presentation will emphasize the challenge and excitement of incorporating a 51 bed surgical oncology unit within a general hospital. Some of the areas of interest that will be discussed are: 1) Specialized orientations, 2) Discovering available resources and utilizing them, 3) Establishing real team work, 4) Justifying equipment and supplies, 5) Identifying special patient-family needs; and 6) Constructive suggestions. (no Refs)

61. THE RIGHT TO REFUSE TREATMENT (MEETING ABSTRACT).

Helm A
No affiliation given
Second Conference on Cancer Nursing Research, September 1-5, 1981, London, Engla nd American Cancer Society; :A12 1981

The purpose of the research was to define the concept of patient rights legally, ethically, and morally; to discover if in the realm of patient rights, there is a right to refuse treatment by case law or statutory review; and to examine how the existence (or absence) of such a right impacts upon the health care delivery system. Analysis and findings have great significance in terms of gaining objective insights into the delivery systems' values such as traditional relief systems and needs for organizational survival, reviewing the impact of changing concepts of patient care upon positive role identity of the nurse provider, an examination of the ethical and legal burdens implicit in nursing care, an examination of what in fact is 'therapy' in terms of value/conflict situations, and a review of societal assumptions regarding treatment and rights. (no Refs)

62. ETHICAL ISSUES IN CANCER NURSING RESEARCH (MEETING ABSTRACT).

Fromer MJ
No affiliation given
Second Conference on Cancer Nursing Research, September 1-5, 1981, London, England American Cancer Society; :A13 1981

The purpose was to discuss how nursing as a profession and nurses as individuals have been affected by the concepts of autonomy and paternalism and how they in turn have related to clients with cancer. The major ethical issues in human experimentation and societal attempts to rectify some past abuses of research subjects and how nursing, medicine and other health professions are trying to safeguard the rights of research subjects and to confront the dilemmas that exist when humanity's needs conflict with individual rights are discussed. (no Refs)

63. ONCOLOGIC EMERGENCIES (MEETING ABSTRACT).

Schulmeister L
No affiliation given
Oncology Nursing Conference III, September 9-11, 1981, Houston, Texas. University of Texas System Cancer Center M.D. Anderson Hospital and Tumor Institute 62 pp., 1981.

Oncologic emergencies involve aspects of mechanical, metabolic, and septic events which may arise in the course of neoplastic disease. Nurses must utilize the nursing process in assisting patients with cancer in life threatening situations. These situations include sequelae of mechanical events such as superior vena cava syndrome, cardiac tamponade, bowel obstruction, and hemorrhage from respiratory, gastrointestinal, intracerebral, and carotid artery origins. Hypercalcemia, suicide and septicemia may present as crises situations requiring prompt nursing assessment and intervention. The challenge faced by the nurse in these emergencies will be described. (no Refs)

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SERIES CT20 No. 82/04

APRIL, 1982

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PHYSICAL REHABILITATION

1. THE CONTRALATERAL EAR IN ACOUSTIC TUMORS AND HEARING CONSERVATION.

Clemis JD, Mastricola PG, Schuler-Vogler M
American Hearing Res. Foundation, 55 East Washington St., Chicago, IL, 60602
Laryngoscope; 91(11):1792-1800 1981

Hearing conservation in acoustic tumor surgery is an admirable goal and a logical extension of micro neurootologic surgery, but ideal candidates for conservation are few, and attempts to preserve hearing in those few fail in about half of all cases. Conserved hearing most often falls far beyond a range that will provide binaural function and is, therefore, of questionable use. The problem of hearing conservation in acoustic tumor surgery is rationally approached based upon the implications of the total presurgical overview, particularly with reference to age, general health, tumor size, and especially hearing in the tumor ear, the contralateral ear, and interaural relationships. Technical considerations, the morbidity and mortality, and, finally, probability factors are reviewed from the literature. The patient's consideration regarding potentials for hearing conservation, his need for conservation, and alternative op-

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tions are discussed. Rehabilitative options for unilateral hearing impairment are discussed. A review of the amplification requirements of 45 acoustic tumor patients -5 or more yr postoperative - indicated that three-quarters had normal hearing in the contralateral ear, 24% of whom required CROS amplification; 67% of the remaining quarter had mild to moderate hearing losses and were effectively wearing BiCROS aids. None were rehabilitated with monaural aids; 20% of the entire group studied had demonstrated some degree of additional hearing loss in the non-tumor ear since surgery. (Author abstract) (28 Refs)

2. IMMEDIATE REPAIR OF THE FACIAL NERVE FOLLOWING TUMOR RESECTION.

Cannoni M, Pech A, Abdul S, Zanaret M, Thomassin JM, Goubert JL
Clinique ORL, CHU de la timone, 13385 Marseille, France
Ann Chir Plast; 26(3):248-253 1981

The results of 12 hypoglossal facial nerve anastomoses and 7 nerve grafts following tumor resection are reported. Prior to the 12 anastomoses, surgery was performed for neurinomas of the acoustic nerve (8 cases) and facial nerve (2 cases), and epithelioma of the parotid and a tumor of the jugular glomus. In 9/12 cases, the hypoglossal was anastomosed with the trunk of the facial nerve. Variations of the anastomosing technique which were used in three other cases are described. In 7/12 cases, successful results were obtained. Facial symmetry was regained, and the patients had normal function when speaking or swallowing. The frontal region was not reinnervated, and laughing or the expression of a strong emotion triggered the reappearance of facial paralysis. In the seven cases of nerve grafts, parotid tumors were resected (2 adenocarcinomas, 1 cylindroma, and 1 benign schwannoma), and three tumors of the petrous bone were excised. The grafts were taken from the auricular branch of the cervical plexus. In 4/7 successful cases, almost complete reinnervation of the face was obtained. Advantages of immediate restoration of the facial nerve include psychological benefits for the patient, restoration of facial function, the reduction of the serious complications of postoperative facial paralysis. (2 Refs) (In FRE)

3. SUBTOTAL LARYNGECTOMY.

Pearson BW
Mayo Clinic, Rochester, MN, 55905
Laryngoscope; 91(11):1904-1912 1981

A subtotal laryngectomy may meet the requirements of adequate tumor resection in many patients who normally would undergo total laryngectomy. The uninvolved column of innervated endolarynx sacrificed at total laryngectomy to separate the airway and the food way can be preserved to valve a speaking shunt. Such a shunt remains patent and sphincteric without the use of a prosthesis and offers consis tent advantages over 'posttotal' laryngectomy reconstructions. This report describes the principles of subtotal laryngectomy applied in 16 patients with laryngeal or pharyngeal carcinoma. The technique ensures entry into the larynx through tumor-free soft tissues and keeps the tumor margins under direct vision thereafter. During follow-up ranging from 6 mo to 6 hr, fistula speech has been retained and no local tumor has recurred. (Author abstract) (15 Refs)

4. THE FREE JEJUNAL GRAFT IN HEAD AND NECK RECONSTRUCTION.

Gluckman JL, McDonough J, Donegan JO, Crissman JD, Fullen W, Shumrick DA
Dept. Otolaryngology, Univ. Cincinnati Medical Center, 231 Bethesda Ave., Cincinnati, OH, 45267
Laryngoscope; 91(11):1887-1895 1981

Reconstruction of the pharynx and cervical esophagus presents a tremendous surgical challenge to the Head and Neck Surgeon. Over the past 2 yr the free jejunal graft with microvascular anastomosis has been used in 12 consecutive cases. Careful follow-up included not only clinical assessment, but regular radiographic evaluation, as well as fiberoptic esophagoscopy and biopsy of the jejunum. In our experience the indications for this procedure can be classified as follows: (1) Total laryngopharyngectomy and partial esophagectomy for malignancy. (2) Radical pharyngeal resection for stomal recurrence after previous failed total laryngectomy (including mediastinal dissection). (3) Persistent benign pharyngeal stricture refractory to conservative management. (4) Second-stage pharyngeal reconstruction in patients with a pharyngostome and esophagostome. Aspects of the technique will be presented, as well as an analysis of the results. These results have proved most encouraging with only one absolute failure. Major advantages are a significant shortening of hospital stay and a much earlier and easier rehabilitation as compared to other methods of reconstruction. The only other significant complications in the series were stricture at the lower anastomosis and a temporary pharyngocutaneous fistula in one case. In conclusion, we at the University of Cincinnati Medical Center are of the opinion that free jejunal graft offers an excellent safe and relative easy method of pharyngeal and cervical esophageal reconstruction with significant advantages over other techniques. (Author abstract) (27 Refs)

5. STATEMENT ON BREAST RECONSTRUCTION.

American Cancer Society
American Cancer Society, Connecticut Div., CT
Conn Med; 45(11):745 1981

A statement on breast reconstruction after mastectomy is presented. Patients who choose reconstructive surgery should be well-informed as to the availability of breast reconstruction, improved techniques now in use, and potential for improved rehabilitation based on previous reconstructive cases. A 1979 opinion survey showed that only 47% of women interviewed had heard of breast reconstruction and 58% of those interviewed reported more positive feelings about breast cancer knowing the availability of reconstruction. Less anxiety may lead to earlier detection of breast cancer if women are encouraged to seek medical attention at the earliest symptoms. (no Refs)

6. MORPHINE KINETICS IN CANCER PATIENTS.

Sawe J, Dahlstrom B, Paalzow L, Rane A
(c/o Rane) Dept. Clinical Pharmacology, Karolinska Inst., Huddinge Hosp., S-141 86, Huddinge, Sweden
Clin Pharmacol Ther; 30(5):629-635 1981

Oral and iv morphine kinetics were studied in seven patients with cancer who needed continuous treatment with morphine because of severe chronic pain. Single oral (20 to 30 mg) and iv (4 mg) doses were given on separate days, followed by repetitive blood sampling for morphine analysis by gas chromatography. Vol of distribution ranged from 0.95 to 3.75 l/kg and serum clearance from 5.0 to 16.1 ml/min/kg. Oral morphine in doses that were more than 5x the iv dose gave concentrations (at 10 and 120 min after dose) between 38 and 112 ng/ml. during the 0.25-to 8-hr period after the oral dose serum concentrations were higher than after the iv dose. There was a variation in oral bioavailability of 15% to 64% and an interindividual variation in terminal half-life from 58 to 467 min. These data warrant careful adjustment of the oral dose under close supervision of the patient at the onset of therapy. (Author abstract) (20 Refs)

7. THE ROLE OF PERCUTANEOUS CORDOTOMY IN THE TREATMENT OF CHRONIC CANCER PAIN.

Meglio M, Cioni B
Policlinico Gemelli, Istituto di Neurochirurgia, Largo Gemelli 8, I-00169 Roma, Italy
Acta Neurochir (Wien); 59(1/2):111-121 1981

The authors report on 53 cervical percutaneous cordotomies in 52 patients suffering from chronic unilateral cancer pain. The evaluation of the results is based upon the patient's report of complete pain relief. Immediate and long term pain relief as well as complications and mortality rate are analyzed. Excellent surgical results were obtained in 73% after 1 wk and in 63% 15 wk after operation. The topographical distribution of pain seems to influence the pain relief; the location of the cancer does influence the nature of the complications. Furthermore, the occurrence of other pain syndromes, contralateral to or above the level of analgesia, is evaluated. This appears to be an important limitation of the usefulness of cordotomy. (Author abstract) (9 Refs)

PSYCHO-SOCIAL ASPECTS OF REHABILITATION

8. PSYCHOSOMATIC ASPECTS OF CANCER.

Brautigam W
Psychosomatische Klinik, Klinikum der Universitat, Thibautstr. 2, 6900 Heidelberg, W. Germany
Dtsch Med Wochenschr; 106(47):1563-1565 1981

Theories concerning the influence of psychological and spiritual factors on the development and course of cancer are discussed. Classical psychosomatic diseases (eg bronchial asthma and peptic ulcer) are considered, and the interdependence of different factors in somatic-psychosomatic disease development is examined. Research into the relationship between psychological factors and the development of specific types of cancer is discussed with regard to the following aspects: risk behavior, such as alcohol or tobacco abuse; influence of significant life events, such as loss of a spouse; and identification of personality factors common to people with specific forms of cancer. Problems inherent in the design of and interpretation of results from such studies are noted. The influence of stress on tumor development in animals is considered, and stress related effects on humoral and cellular immunity in humans are described. It is concluded that the evidence to date supporting the theories concerning psychosomatic aspects of cancer is sparse. (14 Refs) (In GER)

9. AN ETHICAL ISSUE IN PEDIATRIC CANCER CARE: NONDISCLOSURE OF A FATAL PROGNOSIS.

Leikin SL
Dept. Hematology, Children's Natl. Medical Center, Washington, DC
Pediatr Ann; 10(10):37-45 1981

Ethical and psychological issues involved in truth-telling and in deception during pediatric cancer care and their relationship to paternalism and autonomy of the minor are discussed. The minor's request for further information on prognosis indicates awareness of a fatal outcome; as complete a disclosure as possible should be provided during treatment. (22 Refs)

10. AMBIGUITY AND THE SEARCH FOR MEANING: CHILDHOOD LEUKAEMIA IN THE MODERN CLINICAL CONTEXT.

Comaroff J, Maguire P
Dept. Anthropology, Univ. Chicago, Chicago, IL
Soc Sci Med [Med Anthropol]; 15(2):115-123 1981

The families of 60 children with acute myeloblastic or lymphoblastic leukemia who had been admitted to a regional pediatric oncology unit were studied; psychological and social implications of the disease for close kin and others associated with the patient are examined. Elements discussed include the early phase of impact when the disease is diagnosed, interpreting the diagnosis, the meaning of affliction, social implications of uncertain prognosis, remission, the threat of uncertain outcome, and uncertainty and the provision of care. No neat professional solutions exist for either the problems of the sick or those of the specialists who work to extend biomedical knowledge; experience of the recipients of new modes of intervention is ambiguous. The specialist must consider whether current biomedical definitions adequately reflect the parameters of human distress and suffering, and whether current clinical knowledge might exacerbate problems central to the experience of health and illness. (34 Refs)

11. DECLINES IN IQ SCORES AND COGNITIVE DYSFUNCTIONS IN CHILDREN WITH ACUTE LYMPHOCYTIC LEUKAEMIA TREATED WITH CRANIAL IRRADIATION.

Meadows AT, Massari DJ, Fergusson J, Gordon J, Littman P, Moss K
Children's Hosp. Philadelphia, 34th and Civic Center Blvd., Philadelphia, PA, 19104
Lancet; 2(8254):1015-1018 1981

Intellectual and other neuropsychological dysfunctions have been observed in survivors of childhood acute lymphocytic leukemia (ALL). The possible relationship of therapy to these dysfunctions was investigated in a prospective study of children with newly diagnosed ALL seen at the Children's Hospital of Philadelphia. They were evaluated with standardized intelligence tests during the first mo of treatment and periodically thereafter. There were two therapy schedules - one using standard drugs for induction and maintenance, the other a more intensive schedule. CNS prophylaxis (2,400 rad cranial radiation and 6 doses of intrathecal methotrexate) was given to all. Significant reductions were found in overall IQ score for the majority of children, younger patients being most affected. More extensive testing of surviving children, with and without decline in IQ all of whom were normal on the first test, revealed patterns of functional deficits and residual strengths that could not be characterized with IQ testing alone. These deficits, which could affect learning and academic performance, were not seen in six children studied yr after receiving similar chemotherapy that included intrathecal and oral methotrexate but not cranial irradiation. (Author abstract) (24 Refs)

12. SOCIAL SUPPORT AND PARENTAL ADJUSTMENT TO PEDIATRIC CANCER.

Morrow GR, Hoagland A, Carnrike LM

Dept. Psychiatry, 300 Crittenden Boulevard, Rochester, NY, 14642

J Consult Clin Psychol; 49(5):763-765 1981

The psychosocial adjustment of 107 patents attending a national mutual-help organization convention for parents of children with cancer is reported. The parents included 37 whose child had died, 48 whose child was currently in chemotherapy treatment, and 22 whose child had completed treatment. The ratio of female:male respondents was approx 3:2 in each group. Median age was 37 yr in each group with a range of 23-58 yr. All parents were Caucasian, with a mean Hollingshead socioeconomic class of 3. Statistically significant problems in adjustment were found for each group across the spectrum of adjustment areas (vocational, social, and domestic environments, sexual and extended family relations, psychological distress and health care orientation). Parents whose child had died were found to have significantly poorer total psychosocial adjustment than either of the other groups. Parents a deceased child consistently demonstrated poorer adjustment than the other parental groups across all of the domains. No male versus female differences were found in any area of adjustment and specific domains of extended family relationships, domestic environment, sexual relationships, and psychological distress. Parents less than 30 were found to have significantly more impaired adjustment in each of the above domains. Different patterns of association between social support and adjustment were found among treatment groups. Parents who had a child currently in treatment showed significant positive correlations between perceived support from their spouse, relatives, primary physician, and other parents of ill children, and av amount of support and psychosocial adjustment to their child's illness. Psychosocial adjustment for the other two treatment groups correlated less frequently with perceived social support. (7 Refs)

13. DEVELOPMENT OF AN EDUCATION PROGRAM FOR PARENTS OF CHILDREN WITH CANCER.

Rudolph LA, Pendergrass TW, Clarke J, Kjosness M, Hartmann JR

Div. Pediatric Hematology/Oncology, Children's Orthopedic Hosp., 4800 Sands Point Way NE, PO Box C 5371, Seattle, WA, 98105

Soc Work; 6(4):43-54 1981

A structured education program for parents of children with cancer has been developed and undergone pilot testing. Content included both medical and psychosocial materials. The program for parents supplemented existing educational and emotional support services of a large childhood cancer treatment center. The program used a variety of educational techniques, incorporating written materials, self-instructional exercises, lectures, visual aids, and small group discussions. The program was conducted over 4-8 wk. Parents enthusiastically attended the program pilots, gained and retained new information, and appeared to benefit emotionally from participation. (12 Refs)

14. MEASURING THE QUALITY OF LIFE OF CANCER PATIENTS: A CONCISE QL-INDEX FOR USE BY PHYSICIANS.

Spitzer WO, Dobson AJ, Hall J, Chesterman E, Levi J, Shepherd R, Battista RN, Catchlove BR

1650 Cedar Ave., Montreal, H3G 1A4, Canada

J Chronic Dis; 34(12):585-597 1981

To complement the hard variables generally used in the assessment of different treatments for cancer and other chronic diseases we developed a 'hardened', succinct quantitative index to measure the quality of life (QL-Index) of survivors. It was designed for use by physicians. It has five items and its range of scores is 0-10. It was used in pretests and validation tests by more than 150 physicians to rate 879 patients; median completion time was 1 minute. Fifty-nine percent of physicians reported that they were at least 'very confident' of the accuracy of their scores. We established predetermined criteria for validity before field work commenced and evaluated the index using convergent and discriminant approaches of construct validity, as well as content validity. The QL-Index has convergent discriminant and content validity among cancer patients and patients with other chronic physical diseases. Assessment of internal consistency demonstrated a high coefficient (Cronbach's alpha = 0.775) and the interrater Spearman rank correlation was high and statistically significant (rho = 0.81, p less than 0.001) when independent scores of two physicians were compared, or doctors ratings were compared to self-ratings of patients (rho = 0.61, p less than 0.001). Our aim has been to provide a new measure that can help physicians assess the relative benefits and risks of various treatments for serious illness and of supportive programs such as palliative care or hospice service. The QL-Index is not, however, suitable for measuring or classifying the quality of life of ostensibly healthy people. (Author abstract) (22 Refs)

15. THE RIGHT TO LIVE UNTIL DEATH.

Alby N

Hopital Saint-Louis, Paris, France

Vivre; (232):30-32 1981

Problems facing the cancer patient and his family are reviewed. Patients are afraid of the diagnosis of cancer, and doctors and nurses also share irrational approaches to the disease which leads them to avoid discussions and sharing of information with the patient and his family. Patients feel betrayed because of the devastating results of surgery, radiation, and chemotherapy which are not explained to them fully before therapy is initiated. Patients need to be able to discuss their fears and their suffering. Doctors also need a support system because of the anxiety caused by therapeutic decisions which are complex and often unclear. The 'truth' which the doctor expresses to the patient is defined not as statistical data but as information which becomes useful for the patient to have and which the patient can assimilate given his status and the course of his treatment. It is suggested that a cancer patient never be deprived of his right to life, his autonomy, or his right to be like other human beings in spite of his illness. (no Refs) (In FRE)

16. LATE STAGE CANCER PATIENTS: AGE DIFFERENCES IN THEIR PSYCHOPHYSICAL STATUS AND RESPONSE TO COUNSELING.

Linn BS, Linn MW
Veterans Admin. Medical Center, Miami, FL, 33125
J Gerontol; 36(6):689-692 1981

The psychological status of older and younger patients with inoperable cancer is compared and the responses to psychosocial counseling are determined. Patients were divided into an older group (O: 57 patients) age 60 and greater than and a younger group (Y: 63 patients) less than age 60. There were no differences statistically on any background variables for Groups O and Y. Groups were similar on all medical data except number of hospitalizations before cancer diagnosis. O patients had an av of three admissions and Y patients had one. Groups averaged 6-10 mo since diagnosis. Over half (65 patients) had lung cancer (30-O, 35-Y). The overall multivariate difference for effect of age on functional and psychological status at baseline was not significant. Two variables (life satisfaction and disability) differed significantly at univariate levels. Data from patients were analyzed in a two x two factorial design for difference in age (O-Y), treatment (E: experimental-C:control), and interaction between these factors in relation to changes over time in response to counseling. E and C groups differed significantly at 3 mo and thereafter in favor of E patients. There were no statistically significant interactions at a multivariate level at baseline. Furthermore, no single variable showed interactions except for life satisfaction at 12 mo, with no difference between E and C in the O group, but significant difference between E and C in the Y group. At the multivariate level, there were no statistically significant differences between age groups at any follow-up. Disability was not significantly different over time. Survival data is presented. Overall, response to counseling was similar in old and young, with both improving. (16 Refs)

17. A FOLLOW UP STUDY OF OCTOGENARIANS AFTER MAJOR GASTROINTESTINAL SURGERY.

Pedersen BV, Hougen HP, Kjaergaard J
(c/o Kjargaard) Gardes Alle 9, st., DK-2900 Hellerup, Denmark
Dan Med Bull; 28(5):204-205 1981

During a period of 3 yr, 44 patients between 80 and 90 yr had a major operation on the gastro-intestinal tract. Sixteen patients died during the postoperative hospitalization period and 14 died later as a result of their disease. At the follow up 14 surviving patients were interviewed in their homes. It was found that their quality of life had not deteriorated after the operation and convalescence. (Author abstract) (5 Refs)

18. SPECIAL COURSES OF TREATMENT - A CONTRIBUTION TO THE REHABILITATION OF LARYNGECTOMIZED PATIENTS.

Heilmann HP, Berger K
PSF 564, Bezirkskrankenhaus, Karl-Winter-Str. 110, DDR-9010 Karl-Marx-Stadt, E. Germany
Z Gesamte Hyg; 27(9):714-716 1981

A program for the aid and rehabilitation of laryngectomized patients is described. The program, which is tailored to the needs of each individual, includes restoration of speech, hygiene training, and physical and psychological therapy. The value of allowing patients to interact with others who have undergone similar surgery is noted. The application and results of this program are illustrated through a summary of data concerning 241 patients who entered the program. (18 Refs) (In GER)

19. A COMPARISON OF THE PSYCHOLOGICAL EFFECTS OF BREAST-SAVING PROCEDURES WITH THE MODIFIED RADICAL MASTECTOMY.

Sanger CK, Reznikoff M
Psychological and Counseling Services, Univ. California-Los Angeles, Los Angeles, CA, 90024
Cancer; 48(10):2341-2346 1981

Twenty women who underwent conservative surgical treatment of their breast cancer were compared with 20 women who underwent modified radical mastectomies on several indices of body image and psychological adjustment. The women were matched by pairs in terms of age and time postsurgery, and were group matched with respect to marital status. Women who underwent conservative surgical procedures showed significantly greater intactness of their external body boundaries, and significantly less change and weighted change in overall body satisfaction than women in the modified radical group. There were no significant differences between the groups with respect to body anxiety, general psychological adjustment, or marital satisfaction. The results with respect to body boundary and body satisfaction were interpreted to be the result of the less intrusive surgical procedures used to treat the breast cancer. Since body anxiety did not appear to be affected differentially by the two procedures, it may be that women in both groups were highly concerned about their bodies as a result of having had cancer. It was suggested that there was no difference in the psychological adjustment of the two groups because the women in the modified radical group were representative of that population which adjusts well to surgery. Finally, it was concluded that marital satisfaction is stable regardless of the surgical procedure undergone to treat the breast cancer. (Author abstract) (45 Refs)

20. SEX DISORDERS AFTER COMBINED TREATMENT OF CERVIX CARCINOMA AND THEIR CORRECTION.

Kundukhova EM
P. A. Hertsen Res. Oncological Inst., Moscow, USSR
Akush Ginekol (Mosk); (9):29-30 1981

Of 468 patients subjected to radical treatment (surgery and radiotherapy) for cervix carcinoma, 39.6% developed libido disorders and 24.5% started to practice sexual abstinence. These sexual disorders were caused by the sense of sexual inferiority (32.5%), by fear of cancer recurrence (4.5%), and by radiation-induced shortening and stenosis of the vagina (16%). (2 Refs) (In RUS)

21. SEXUAL DYSFUNCTION FOLLOWING GYNECOLOGICAL OPERATIONS AND POSSIBILITIES OF PREVENTION.

Eicher W
Munich, W. Germany
Arch Gynecol; 232(1):551-558 1981

Sexual dysfunctions following hysterectomy, sterilization and mastectomy are reviewed. A survey of 105 patients subjected to vaginal hysterectomy revealed increased libido after surgery in 12% of the patients, no change in 80%, and reduced libido in 8. The frequency of cohabitation increased in 10%, decreased in 15%, and there was no change in 75%. Sexual dysfunctions were found to be more frequent after intracavitary irradiation than after surgery and external irradiation. Plastic reconstruction of the breast following mastectomy is of preventive and therapeutic significance. In many cases it is possible to prevent sexual dysfunction by careful selection of the patients for surgery, preoperative information of the patient about the possible consequences, and postoperative care. The surgical technique also plays a certain role in hysterectomy and colpoperineoplasty. (55 Refs) (In GER)

NUTRITIONAL EVALUATION AND SUPPORT

22. LONG-TERM NUTRITIONAL SUPPORT AS AN ADJUNCT TO CHEMOTHERAPY FOR BREAST CANCER.

Elkort RJ, Baker FL, Vitale JJ, Cordano A
Surgical Oncology, Boston Univ. Sch. Medicine, Robinson 5, Univ. Hosp., 75 East Newton St., Boston, MA
JPEN; 5(5):385-390 1981

An update is presented on the status of patients involved in a randomized prospective study designed to evaluate the effects of long-term (12 mo) enteral nutritional support in a group of ambulatory breast cancer patients undergoing a standard cytotoxic chemotherapy treatment program. The data for 26 such patients followed for a minimum of 12 mo are summarized. Of the 47 patients enrolled, 21 were lost during the study yr. In general, the experimental and control groups were comparable in terms of nutritional status, tumor staging, and menopausal status. In terms of nutritional parameters, both groups fell within normal limits at the start of the study except for body wt and triceps skinfold thickness which were above normal in both groups. No significant difference in gastrointestinal or hematologic toxicity was observed between the two groups, although the control group had slightly fewer gastrointestinal symptoms and slightly more hematologic toxicity than did the experimental group. The same can be said for treatment and disease status at the end of the 12-mo period. Significant correlations (p less than 0.05) were found between wt changes and disease status for all patients. The correlation between wt change and recurrence was 0.464 (p less than 0.02). Other correlations with wt changes are described. The results indicated that long-term enteral nutritional support of breast cancer patients is feasible and safe. Improved nutritional status did not seem to correlate with decreased toxicity of chemotherapy or morbidity. Nutritional support may actually be harmful to certain patients, such as those who are obese at treatment onset. The data suggest that until the relationship between tumor and host in breast cancer patients is better understood, nutritional support should only be offered where there are specific clinical indications. (9 Refs)

23. POSTOPERATIVE PARENTERAL NUTRITION OF PATIENTS WITH AN EXTENSIVE CARCINOMA OF THE LARYNX.

Senjukow MW, Chmelewski JM, Subow OG, Slowentantor WJ
Abteilung fur Otorhinolaryngologie, Furschungsinstitut fur Medizinische Radiologie der AdMW der UdSSR, ul. Koroljowa 4, 249020 Obninsk Kalugaer Gebiet, USSR
Arch Otorhinolaryngol; 233(1):13-18 1981

Postoperative parenteral feeding was compared with feeding by nasoesophageal tube (NET)in 235 patients with advanced carcinoma of the larynx. All patients underwent the same radical surgery. Group 1 consisted of 82 patients who were fed 3,300-3,500 kcal/day by NET. Group 2 consisted of 153 patients who were fed by a catheter inserted into the subclavian vein. Parenteral nutrition consisted of soln of glucose, fat emulsions, protein hydrolysates, and amino acids totaling 2,200-3,500 kcal/day. In Group 1 healing by the first intent was achieved in 51% of cases; healing by the second intent was achieved in 13%. Stable pharyngeal defects appeared in 26%. Fatal erosive hemorrhage occurred in 5% of cases. In Group 2 healing by the first intent was achieved in 77% of cases; healing by the second intent was achieved in 11%. Stable pharyngeal defects appeared in 12%. Erosive hemorrhage occurred in 1.5% of cases. Hospitalization lasted an av 50 days for Group 1 and 34 days for Group 2. Av wt loss was 4.1 kg for Group 1 and 3.8 kg for Group 2. The superiority of parenteral feeding for reducing postoperative complications was indicated. (7 Refs) (In GER)

24. THE RESPONSE OF PATIENTS WITH FISTULAS OF THE GASTROINTESTINAL TRACT TO PARENTERAL NUTRITION.

Thomas RJ
Dept. Surgery, Royal Melbourne Hosp., Melbourne, Australia
Surg Gynecol Obstet; 153(1):77-80 1981

Total parenteral nutrition is an effective form of therapy for fistulas of the gastrointestinal tract. In the series, reported mortality in unselected patients on total parenteral nutrition was 26%. However, not all patients respond equally to total parenteral nutrition. Those less than 65 yr of age, with nonmalignant disease or completely resected neoplasm have a close to 100% fistula closure rate if no other significant disease is present. However, the elderly patient dies more easily, and there is little improvement in mortality with the use of total parenteral nutrition in this group. Patients with a fistula associated with residual intra-abdominal disease did poorly on total parenteral nutrition. (Author abstract) (3 Refs)

25. ELEMENT DIETS IN PREOPERATIVE MANAGEMENT OF PATIENTS UNDERGOING SURGERY OF THE LARGE INTESTINE.

Skobelkin OK, Morev AI
Moscow, USSR
Khirurgiia (Mosk); (9):83-85 1981

Element diet was used in the preoperative management of 54 patients undergoing surgery of the large intestine. Use of a formulation (Complan) containing the essential nutrients improved the functional state of the liver and reduced the number of postoperative complications (6.2%, compared with 13.2% in patients who did not receive the element diet). (11 Refs) (In RUS)

26. ROLE OF FATTY ACID EMULSIONS IN SHORT AND MEDIUM TPN.

Berti Riboli E, Bertoglio S, Venturini M, Arnulfo G, Terrizzi A
I Clinica Chirurgica, Universita di Genova, Genova, Italy
Minerva Dietol Gastroenterol; 27(3):437-438 1981

Ten patients with inflammatory or neoplastic diseases of the esophagus, stomach, or rectum were placed on total parenteral nutrition (TPN). After the patients were stabilized with respect to N balance, they were administered infusions of essential fatty acid emulsions (1 g/kg, every 12 hr, 3 consecutive days). Plasma lipids were monitored at 0, 15, 30, 60, 120, 180, 360, and 540 min from the beginning of each infusion. An increase in positive N balance was observed, and lipemia reached a max at the 120 min period. No side effects were observed. (3 Refs) (In ITA)

27. EARLY POSTOPERATIVE NUTRITIONAL SUPPORT USING THE SEROSAL TUNNEL JEJUNOSTOMY.

Cobb LM, Cartmill AM, Gilsdorf RB
(c/o Gilsdorf) Surgical Education, Good Samaritan Hosp., 1033 East McDowell Road, P.O. Box 2989, Phoenix, AZ, 85062
JPEN; 5(5):397-401 1981

The effectiveness of a silicone rubber serosal tunnel jejunostomy (STJ) in maintaining patients who have unusual metabolic demands was studied to determine if the procedure is technically safe, if nutrition can be maintained, and if iv fluid therapy time can be shortened. STJ were placed in two groups of patients: those requiring greater than 5 days of support following complex major operations either elective or for trauma and those with unresectable abdominal cancer. Thirty-eight patients (24 men, 14 women; 19-84 yr old) entered the study. Only 17 tolerated the full-strength feedings. Fourteen of these maintained their body wt throughout surgical recovery. Only 11 of these had there iv therapy stopped by day 3. Six patients recovered so quickly they did not need tube feedings. Eleven patients had nausea, cramps, or diarrhea that limited the amount of feeding they could take and four patients had significant metabolic complications secondary to the feeding. Three patients had problems that required long-term nutritional support, two for 3 mo and the other for 6 mo. There were no STJ related complications. Three patients died but none of the deaths were STJ or feeding related. Severe metabolic complications were observed: massive gastric hypersecretion (2 patients), diarrhea (1), and hyperglycemia (1). The only nutritional parameter that had a statistically significant relationship to feeding problems was serum albumin concentration. Postoperative feeding utilizing the STJ is technically safe, but feeding difficulties can be anticipated in those patients who are septic or severely malnourished. (8 Refs)

28. VITAMIN B12 MALABSORPTION AFTER GASTRECTOMY FOR CANCER.

Quaranta L, Tavera A, Camuzzini GF, Quercio M, Cartia Q
I Divisione di Chirurgia Generale, Ospedale Civile 'S. Croce', Cuneo, Italy
Minerva Med; 72(44):2945-2949 1981

The absorption of vitamin B12 was studied in 17 patients (10 men and 7 women) 0.5-7 yr after total (10 cases) or subtotal (7 cases) gastrectomy for malignant epithelial neoplasm of the stomach. After total gastrectomy, the urinary 58Co-B12 level was pathologically low, corresponding to 1.995% of the dose administered versus normal values of 11-28%. The 57Co-B12-intrinsic factor (57Co-B12-IF) activity was nearly normal, and the 58Co-B12/57Co-B12-IF ratio was 9.42 vs normal values of 0.5-1.4. The 58Co-B12 level in the urine of the patients subjected to subtotal gastrectomy was 6.907% of the administered dose, but the 57Co-B12-IF activity was normal in only 6/7 cases. The 58Co-B12/57Co-B12-IF ratio was 2.517. (33 Refs) (In ITA)

29. PROTEIN-ENERGY NUTRITIONAL STATUS OF PEDIATRIC CANCER PATIENTS.

Kien CL, Camitta BM
Dept. Pediatrics, Milwaukee Children's Hosp., 1700 West Wisconsin Ave., P.O. Box 1997, Milwaukee, WI, 53201
Am J Clin Nutr; 34(11):2486-2492 1981

Surveys of protein-energy nutritional status were conducted in pediatric cancer outpatients (28) and inpatients (71). In the outpatients, the approx prevalences of severe (greater than 40%) deviations of wt, triceps skinfold, and arm muscle area below the medians for height-age were respectively 0, 14, and 0%. In the inpatients, these prevalences were respectively 1, 20, and 6%. The percentages of inpatients with abnormally low (less than 5th percentile) wt-for-height, triceps skinfold, and arm muscle area were 14, 14, and 20%, respectively. All inpatients with triceps skinfold or arm muscle area less than 60% of the median for height-age had corresponding percentile values of less than 15. (Author abstract) (24 Refs)

NURSING CARE

30. INTRAARTERIAL CHEMOTHERAPY, PERHAPS MORE THAN ANY OTHER CANCER TREATMENT, CALLS FOR SOUND KNOWLEDGE AND SOLID NURSING SKILLS, EFFECTIVE PATIENT TEACHING, AND SENSITIVITY TO THE PATIENT'S NEEDS.

Johnston S, Patt YZ

Dept. Developmental Therapeutics, Univ. Texas System Cancer Center, M. D. Anderson Hosp. and Tumor Inst., Houston, TX

Nursing; 11(11):109-112 1981

The use of ia chemotherapy (IAC) and associated nursing considerations are discussed. IAC is the infusion of an antineoplastic drug through a catheter in a major artery directly into a tumor, usually a localized, inoperable tumor in the liver, head, neck, or bones. This administration method allows a high concentration of drug to be delivered to the tumor. Pros and cons of catheter placement are discussed. Until recently, most arterial catheters were placed surgically. Now, developments in angiography had made possible repeated catheterizations without the risks of surgery. The use of a more permanent catheter for home treatment and the development of the implantable infusion pump are discussed. Angiographic catheterization is described. Possible problems associated with IAC include displacement of the catheter tip and separation of the intima and media of the arterial wall. The development of emboli and thrombi can usually be prevented through the use of vigorous anticoagulation therapy. Catheter occlusion is rare and preventable. Patient education is discussed. Surgical catheterization, usually used in patients receiving long-term IAC, is considered. Two-stage teaching in which the patient receives a general overall description of IAC before surgery and a comprehensive, detailed course after surgery, seems to be the best method of teaching a patient how to administer IAC at home. (6 Refs)

31. PROSTATIC CANCER.

Long PP

Memorial Medical center, Savannah, GA

Nursing; 11(12):22-23 1981

Incidence, diagnosis, staging, and treatment of prostatic cancer are briefly reviewed, and the guidelines for the nursing care are described. It is emphasized that nursing intervention should include psychological support, postoperative care, and symptomatic treatment of radiation side effects. (no Refs)

32. DIC COMBINED WITH MALIGNANT TUMORS AND ITS NURSING CARE.

Akimoto M, Kitazumi R, Niwano N, Osada Y, Nakamura S
Third Ward, Kawasaki Cooperative Hosp., Kawasaki Medical Activities Cooperative, Kawasaki, Japan
Kango Gijutsu; 27(8):62-68 1981

Nursing care for patients with malignant tumors and disseminated intravascular coagulation (DIC) was discussed in general and with the case of a 58-yr-old man with gastric cancer, stroke, and DIC as an example. Patients with malignant tumors and DIC are classified into different groups according to clinical status and therapy. Patients thought to have malignant tumors that can be cured are treated curatively for the tumor and preventively with respect to DIC. Patients with malignant tumors that do not seem clinically curable but have hemorrhagic tendencies due to DIC that is relatively controllable are treated with anticancer chemotherapy and radiotherapy for tumors. Patients with malignant tumors that can not be treated surgically or internally are given systemic treatment and treated primarily for the DIC. During hospitalization of the the man with gastric cancer who most clearly fit in the last category of patients, the primary nursing care problems concerned managing hemorrhagic tendencies, management of continuous heparin infusions, helping to alleviate discomfort due to the disease, and treating the patient's left sided numbness and loss of lower extremity muscular tone due to the stroke. (4 Refs) (In JPN)

33. DIC IN PATIENTS WITH ACUTE LEUKEMIA AND NURSING THE DIC.

Nakamura S, Ueda M, Ketsutori K, Kawabata T, Nakamura A
Third Dept. Internal Medicine, Kanazawa Univ. Sch. Medicine, Kanazawa, Japan
Kango Gijutsu; 27(8):47-53 1981

Causes, symptoms, diagnosis, treatment patterns, and practical examples of nursing practices used for a patient who had DIC and acute leukemia were discussed. Causes of DIC in patients with acute promyelocytic leukemia included collapse of leukemic cells, possible coagulation-stimulating substances in leukemic cells, and infections as complications of leukemia. Symptoms of DIC accompanying acute leukemia included hemorrhaging associated with decreased platelet counts, subdermal hemorrhage, gingival bleeding, and oozing from sites of bone marrow aspiration. In one case that was induced to remission with daunomycin, 6-mercaptopurine, and prednisolone, gingival bleeding was treated with repeated transfusions of platelets, packing the oral cavity with surgical gauze, liquid food, and carefully watching the patient's oral hygiene to avoid infection. The patient was instructed to not apply strong pressure or stimulation to the skin to avoid sc bruising. In order to cope with the mental worry and discomfort that the patient felt with respect to the seriousness of his disease, the nurses and physicians explained the situation clearly to the patient throughout the course of the treatment. Because the patient liked children, visitation by his family resulted in a more peaceful attitude. (17 Refs) (In JPN)

34. NURSING OF PATIENTS GIVEN INTRAVENOUS HYPERALIMENTATION.

Suzuki T, Uzawa Y, Hanashima T, Teshigawara C, Isobe M
Dept. Education, Nursing Nutritional Education Section, Chiba Univ., Chiba, Japan
Kango Gijutsu; 27(2):103-114 1981

Responses of 44 patients (29 men, 15 women; av 56.7 yr old) to iv hyperalimentation was assessed on the basis of treatment reports, nursing reports, and questionnaires. The overall response rate for the questionnaires was 43.7% (originally, 93 patients were given iv hyperalimentation). The basic hyperalimentation consisted of 30-40 ml/kg body wt of water, 30-40 cal/kg, 0.8-1.0 g/kg of protein, 10% of the cal as milk fat, electrolytes (Na, K, Cl, Ca, P, Mg), vitamins (A, B1, B2, B12, C, D, E, K, nicotinamide, pantothenic acid), and trace minerals (Cu, Co, Mn, I, Zn). All but 5 of the patients underwent surgery, and the amount of cal and protein the patients received depended upon the degree of invasiveness of the lesion. Patients were divided into four groups on the basis of the focus of the therapy: Group A was given preoperative feeding for low nutritional status, postoperative prognosis, and postoperative maintenance therapy, Group B was given therapy for preventing postoperative complications, Group C was treated for postoperative complications, and Group D did not have surgery. Of 22 Group A patients, 5 had gastric carcinoma and 1 colon or rectal cancer, of 20 Group B patients, 12 had gastric carcinoma, 1 had intragastric tumors, and 3 had colon or rectal cancers, and of 10 Group C patients, 5 had gastric carcinoma and 1 had colon or rectal cancer. The hyperalimentation was administered for 6-107 days. During iv hyperalimentation, abdominal pain, thirst, feeling of abdominal fullness, and dry tongue were experienced by many of the patients. Each group of patients was also found to have particular clinical differences with respect to concentrations of serum com ponents and response to the treatment. (17 Refs) (In JPN)

35. RADIATION EXPOSURE IN THE NURSING PROFESSION AND ITS MANAGEMENT.

Yamamoto C
Dept. Diagnostic Radiation Technology, Nagoya Univ. Junior Coll. of Medical Therapy Technology, Nagoya, Japan
Kango Gijutsu; 27(5):88-91 1981

Levels of radiation exposure that nurses administering radiation received during 1 yr were measured and compared to exposure that physicians received. Data was collected for personnel working in university hospitals throughout Japan from 1962-1978. The number of nurses who worked with diagnostic x-rays was 2.4x that of those working with therapeutic gammarays. Of all the nurses, 98.3% recieved less than 500 millirems of radiation; this is the 10% level of the max allowable accumulated dose. This high % of low-dose exposure was thought to show a high level of technical management against radiation exposure. Of those who received less than 50 millirems of radiation, a higher percentage were nurses and a lower percentage were physicians, and a higher percentage of physicians were exposed to greater than 50 millirem of radiation. (7 Refs) (In JPN)

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EVERETT SUGARBAKER Miami Cancer Institute	*Some Clinical Characteristics of Metastasis in Man*	**#VB04** **41 min.**

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REHABILITATION AND SUPPORTIVE CARE

SERIES CT20 No. 82/05

MAY, 1982

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PHYSICAL REHABILITATION

1. POST MASTECTOMY BREAST RECONSTRUCTION USING A BREAST SHARING TECHNIQUE.

Marshall DR, Anstee EJ, Stapleton MJ
FRAC, FACS, 85 High St., Kew, 3101, Australia
Br J Plast Surg; 34(4):426-430 1981

A two-stage technique of breast reconstruction by breast sharing, without the use of a prosthesis, is described. The problem of contralateral malignancy is discussed and patient selection for this technique is described. (Author abstract) (15 Refs)

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HE 20. 3173/2:

2. SELECTIVE HYPOPHYSECTOMY FOR METASTATIC PAIN. A REVIEW OF ETHYL ALCOHOL ABLATION OF THE ANTERIOR PITUITARY IN A REGIONAL PAIN RELIEF UNIT.

Lloyd JW, Rawlinson WA, Evans PJ
Oxford Regional Pain Relief Unit, Abingdon Hosp., Abingdon, Oxon, England
Br J Anaesth; 53(11):1129-1133 1981

Selective adenohypophysectomy, by the injection of up to 1 ml of absolute alcohol to the pituitary gland, was used to produce pain relief in 25 patients suffering from metastatic cancer. Thirty-five treatments were given and good analgesia was obtained in 74%. The median duration of pain relief was 6-7 wk, although some treatments produced relief for up to 20 mo. The procedure was most successful in relieving bone pain in patients with advanced carcinoma of the breast or prostate. The use of a fine-gauge needle for the intranasal transsphenoidal approach to the gland and the injection of alcohol to the anterior part (pars distalis) of the gland reduced the frequency of the major complications diabetes insipidus (17%) and prolonged visual disturbance (3%). (Author abstract) (13 Refs)

3. CRYOANALGESIA FOR INTRACTABLE PERINEAL PAIN.

Evans PJ, Lloyd JW, Jack TM
Oxford Regional Pain Unit, Abingdon Hosp., Abingdon, Oxon, England
J R Soc Med; 74(11):804-809 1981

Cryoanalgesia, the local application of extreme cold to nerves to produce analgesia, has been used to treat patients with intractable perineal pain. The cryoprobe was inserted percutaneously through the sacral hiatus into the sacral canal to produce anesthesia of the lower sacral nerve roots. Forty patients received a total of 70 treatments: 31 patients (78%) were helped by the procedure and the median duration of improvement was 30 days. The treatment was more successful in relieving symptoms in patients suffering from pelvic cancer and coccydynia. The best results were obtained in those patients who received numerous freeze applications or prolonged freezing. (Author abstract) (12 Refs)

PSYCHO-SOCIAL ASPECTS OF REHABILITATION

4. PSYCHOLOGICAL STUDY OF PATIENTS' DESIRE FOR EXPLANATION AND INFORMATION.

Lutgemeier I, Lutgemeier J, Rossler J, Grumbrecht C
(c/o J. Lutgemeier) Institut fur Klin. Radiologie, Stadtischen Krankenanstalten, Postfach 23, D-6800 Mannheim 1, W. Germany
Med Welt; 32(46):1760-1763 1981

Results of a pilot psychological study of patients' desire for information and explanation about malignant disease are reported. A total of 106 women were surveyed using a questionnaire consisting of 26 questions. Questions probed what the patient knew about cancer, what she wished to have explained, and how she wished to have the explanation made. Public knowledge of cancer was considered insufficient by 40% of those questioned. Most (101/106) wanted to be told if they had cancer. Younger women generally preferred to be told by their physician; older women preferred to be told by a close friend or relative. Younger women also expressed a greater desire to have methods of treatment explained and a greater willingness to take risks in treatment than older women. Women in more highly skilled occupations wanted more responsibility than housewives and unskilled workers. Women with children generally were better informed about cancer than those without children. (10 Refs) (In GER)

5. SOCIAL WORK ASSISTANCE FOR THE ONCOLOGIC PATIENT.

Gutierrez de la Torre M, Jimenez Arques MT, Farell Horta B
Hospital Oncologico de Madrid, Madrid, Spain
Oncologia; 6(5):46-47,49-50 1981

Organization of social assistance (SA) in the oncologic hospital (OH) is described. The functions of SA are to help and collaborate with medical staff in assessment of the patient, his family, and their cultural, professional, economic, and social background; and to coordinate help from other services (library, correspondence courses, and occupational and rehabilitation therapy). The SA helps the patient and his family to resolve their emotional, economic, professional and other problems with assistance from community, county, church, place of employment etc. SA keeps open communication lines between the patient, his family, clinical services and administration of the OH. The SA tries to improve OH service to the patient, make OH more human, its rules more flexible in particular cases, give importance to the patient as an individual and see that his rights as a human being take precedence over economic, organizational, or scientific considerations. The SA investigates other services (convalescent homes, hospices, ambulatory clinics) where indicated. SA tries to decrease or eliminate indirect causes (psychological, cultural, social and economic) that influence the disease. The SA studies community resources and social laws or lack of them and informs competent bodies of its findings. Public health education is another function of SA. (no Refs) (In SPA)

6. A PILOT INVESTIGATION OF THE PSYCHOLOGIC FUNCTIONING OF PATIENTS WITH ANTICIPATORY VOMITING.

Altmaier EM, Ross WE, Moore K
Univ. Iowa, N342 Lindquist Center, Iowa City, IA, 52242
Cancer; 49(1):201-204 1982

A pilot investigation of nine cancer patients receiving chemotherapy on an outpatient basis at the University of Florida's Shands Teaching Hospital is reported. The focus of the study was comparing patients with anticipatory vomiting symptoms with patients who did not exhibit prechemotherapy vomiting on measures of affect and coping style. The data indicated that patients exhibiting prechemotherapy vomiting, compared with the other patients, were more anxious and depressed; additionally, they exhibited a coping style which was inhibitive rather than facilitative in nature. A theoretical context for defining and treating prechemotherapy vomiting is offered. (Author abstract) (22 Refs)

7. THE INTERPRETATION OF WOMEN'S EXPERIENCE: A CRITICAL APPRAISAL OF THE LITERATURE ON BREAST CANCER.

Rosser JE
Dept. Psychiatry, Univ. Manchester, Manchester, England
Soc Sci Med [Med Psychol]; 15(4):257-265 1981

Aspects of the literature on women's psychosocial adjustment to breast cancer are discussed, with emphasis on assessment of the meaning for women of losing a breast. Implicit assumptions may severely inhibit comprehensive investigation of women's needs: studies adopt a clinical model of reality which determines the statement of the problem itself but is never questioned, and the subsequent interpretation of women's problems is based on typifications which fail to account for the complexities of the experience of illness. The problems are discussed under the headings (1) statement of the problem: psychosocial correlates of mastectomy, (2) strategies for action: identifying the abnormal, and (3) the meaning of breast loss for women. (96 Refs)

8. COPING MECHANISMS OF POSTMASTECTOMY WOMEN. A GROUP EXPERIENCE.

Baider L, Edelstein EL
(c/o Edelstein) Dept. Psychiatry, Hadassah Univ. Hosp., POB 12000, 91120 Jerusalem, Israel
Isr J Med Sci; 17(9/10):988-992 1981

A treatment model using a randomly selected group of patients at various postmastectomy stages is discussed. Our hypothesis predicted that such a group would provide women with a much clearer and more positive understanding of their disease syntonic to each one's life style. At the end of this group therapy, we felt that we had established a self-therapy group, in which patients could sustain themselves and could readjust to new ways of living with their disease. (Author abstract) (20 Refs)

9. YAD L'HAKHLAMA (REACH TO RECOVERY) IN ISRAEL.

Mardor L
Israel Cancer Assoc., POB 7065, 61070 Tel Aviv, Israel
Isr J Med Sci; 17(9/10):984-987 1981

YL ('Yad L'hakhlama'), initiated in 1967 as part of the Israel Cancer Association, is a national rehabilitation service for patients suffering from breast cancer. In Israel, about 1,000 new cases of breast cancer are diagnosed yearly and about 900 of the patients undergo mastectomy. YL reaches some 97% of these women. The office and central administration in Tel Aviv supervise the chapters in various cities. Eighty volunteers work in 26 hospitals throughout the country. Local and national card indexes of mastectomy patients are kept so that follow-up may be done by phone, through the mail or by additional counseling in the office. Assistance is given to the needy when necessary. YL keeps in contact with American and European manufacturers regarding prostheses and recommends imports to commercial agents for local supply. Fitters are selected and approved by YL, which also provides a temporary prosthetic device and a manual listing available accessories to all mastectomy patients. Lectures and information for professional and medical staff and students are given throughout the yr. Some of the specific problems that YL handles are: (1) encouraging the acknowledgement and acceptance of the word 'cancer' in certain hospitals and oncological centers, (2) overcoming the myths and superstition surrounding cancer; (3) improving doctor-patient relationships; and (4) recurrence of disease among the volunteers. (Author abstract) (no Refs)

10. THE SITUATION OF LEUKEMIC CHILDREN AND THEIR FAMILIES: FIRST RESULTS OF A PILOT STUDY OF PSYCHOSOCIAL CARE OF CHILDREN WITH ONCOLOGICAL DISORDERS.

Ebeling A, Wallis H
Psychosomatische Abteilung, Universitats-Kinderklinik, Martinistrasse 52, D-2000 Hamburg 20, W. Germany
Monatsschr Kinderheilkd; 129(1):34-37 1981

First results reported from a study trying to determine the psychosocial needs of cancer-stricken children and their families, provided a basis for the inclusion of psychosomatic and psychosocial expertise in outpatient care, and developed a program of comprehensive care for oncologic patients. Standard psychological tests and specially devised questionnaires were used to survey 74 families. Factors studied included socioeconomic status, psychobiological development of the patient, parental training and discipline, fears of patients and parents, school situation, course of disease, and evaluation of clinical care. The school situation was unexpectedly problem-free. Increased irritability on the part of the patient was understandable in light of types and frequency of treatment. Many problems, such as patient aggression, discipline problems, and parental fatigue, lessened with time. Medical and psychological care was considered good, although improvements in many areas could be made. (23 Refs) (In GER)

11. THE PSYCHOSOCIAL REINTEGRATION OF UROSTOMY PATIENTS.

Studer U, Furger P
Urologische Universitatsklinik, Inselspital, CH-3010 Bern, Switzerland
Schweiz Med Wochenschr; 111(48):1834-1839 1981

In certain functional disorders of the urinary bladder or invasive carcinoma, cystectomy with urinary diversion to the abdominal wall (urostomy) is indicated and life-prolonging. In order to know what the consequences were for these patients, and if their life with a urostomy is still outwardly worth living, 66 of our urostomy patients have been surveyed. Only one patient is on a disablement pension because of the urostomy. The limitations on leisure are mostly the realms of sport and travel; married life, despite sexual problems, is comparatively little affected. The causes for the limitations are discussed. For most patients the urinary diversion brought an improvement in 'life comfort', and, generally, it can be said that urostomy is not an invalidizing operation and psychosocial reintegration is possible. (Author abstract) (7 Refs) (In GER)

12. QUALITY OF LIFE FOLLOWING PELVIC EXENTERATION.

Vera MI
Dept. Psychiatry, Univ. Florida, Gainesville, FL, 32610
Gynecol Oncol; 12(3):355-366 1981

Nineteen patients were interviewed postoperatively to assess their social, sexual, and psychological adaptation after pelvic exenteration. The data uncovered a negligible incidence of psychiatric disorders among these patients, a significant loss of sexual life, poor occupational recovery, and decrease of social activities. In spite of all these significant changes, patients appeared well adjusted and subjectively appraised the quality of their lives a good and revealed hope and optimism. The data are discussed and compared with previous research; thus this study contributes to a better understanding of the psychosocial impact of pelvic exenteration. (Author abstract) (11 Refs)

13. IS AFTERCARE THE TASK OF THE PRIMARY CLINIC? WHAT IS THE ROLE OF THE PRACTITIONERS AND AFTERCARE CLINICS?.

Diehl V, Herfarth C, Kleeberg UR, Maass H, Menne B, Stapp H

Abt. f. Klinische Onkologie, Medizinische Hochschule Hannover, Hannover, W. Germany

MMW; 123(44):1663-1668 1981

Opinions of oncologists on the roles of clinics and practitioners in the aftercare and follow-up of cancer patients are presented. The aftercare and follow-up of cancer patients should be the joint task of the clinic where the patient had received primary treatment and of the specialized practice or family doctor. Many of the necessary tests and examinations can be carried out at clinics only. Aftercare clinics should have no place in the routine aftercare of cancer patients because they may easily lead to patients' isolation. (no Refs) (In GER)

NUTRITIONAL EVALUATION AND SUPPORT

14. ACUTE POLYMYOPATHY DURING TOTAL PARENTERAL NUTRITION.

Stewart PM, Hensley WJ

Dept. Biochemistry, Royal Prince Alfred Hosp., Sydney, New South Wales, Australia

Br Med J; 283(6306):1578 1981

Occurrence of acute polymyopathy during total parenteral nutrition was investigated in four patients. Patients 1, 2, and 3 showed symptoms of muscle pain, tenderness, swelling, and tachycardia while receiving parenteral nutrition. The ratio of 5,8,11-eicosatrienoic acid to arachadonic acid was abnormal. Lipid supplementation had been administered initially to patient 1 but then discontinued; patients 2 and 3 received no lipid supplementation. Patient 4 received total parenteral nutrition after gastrectomy for carcinoma of the stomach. On day 29 muscle pain and tenderness developed. On day 32 lipid infusion was started; symptoms, including the eicosatrienoic:arachadonic acid ratio eventually normalized. While the cause of the myopathy was not established, deficiency of essential fatty acids probably played a part. Lipid supplementation seems to prevent and reverse the myopathy without the need to stop the nutritional support. (3 Refs)

15. MALNUTRITION IN LUNG CANCER: INCIDENCE, PROGNOSTIC IMPLICATIONS, AND PATHOGENESIS.

Kisner DL

Div. Cancer Treatment, Cancer Therapy Evaluation Program, NCI, Bethesda, MD, 20205

Recent Results Cancer Res; 80:240-245 1982

Malnutrition and wt loss are common in patients with lung cancer. Wt loss is an independent prognostic factor for survival in lung cancer treatment studies. Metabolic disturbances probably play a dominant role in wt loss in these patients rather than reduced food intake. The identification of the pertinent etiologic metabolic abnormalities and development of specific therapeutic intervention should be goals for future research. (Author abstract) (11 Refs)

16. EFFECT OF NUTRITIONAL SUPPORT ON SERUM ALBUMIN: COMPARISON OF TECHNIQUES.

Smith JP, Kaminski MV

Normandy Osteopathic Hosp. North, 7840 Natural Bridge Road, St. Louis, MO, 63121

JAOA; 80(7):484-487 1981

In a study of patients with various malignant and nonmalignant diseases, no significant differences were observed in serum albumin level in relation to enteral vs parenteral types of nutritional support. Enteral alimentation is preferred in the patient with a functioning gastrointestinal tract. (17 Refs)

17. A STUDY OF THE NUTRITIONAL STATUS OF PEDIATRIC CANCER PATIENTS.

Donaldson SS, Wesley MN, DeWys WD, Suskind RM, Jaffe N, VanEys J

Dept. Radiology, Div. Radiation Therapy, Stanford Univ. Medical Center, Stanford, CA, 94305

Am J Dis Child; 135(12):1107-1112 1981

The records of 455 children were reviewed to investigate the relationship of nutritional status at time of first referral to various measurements of disease and survival. Initial symptoms of wt loss, anorexia, fatigue and early satiety were all directly correlated. Serum albumin level and nutritional status were not directly correlated. Likewise, there was no direct relationship between performance status and nutritional status. However, higher values of serum albumin were associated with better performance status. Nutritional status was directly related to freedom from relapse among children with solid tumors whether they had localized or nonlocalized disease. In addition, improved survival was related to good nutritional status for children with localized disease, whereas those with advanced disease had a poorer survival regardless of their nutritional status. Nutritional status appears to have prognostic implications among children with cancer. (Author abstract) (7 Refs)

18. LONG-TERM PARENTERAL NUTRITION. I. CLINICAL EXPERIENCE IN 70 PATIENTS FROM 1967 TO 1980.

Jarnum S, Ladefoged K

Medical Dept. P, Div. Gastroenterology, Rigshospitalet, Blegdomsvej 9, DK-2100 Copenhagen 0, Denmark

Scand J Gastroenterol; 16(7):903-911 1981

Parenteral nutrition (LTPN) used over a period of 13 yr to treat 70 patients (33 males, 37 females; 6-69 yr old) is described. The commonest indications for LTPN were short-bowel syndrome (26 patients), intestinocutaneous fistulae (15), and emaciation resistant to other treatment (15). Primary diseases included Crohn's disease (29 patients), ulcerative colitis (12), mesenteric infarction (1 5), peritoneal adhesion (2), neoplasms (5), and other diseases (7). Patients (28) with restricted po intake (500 ml clear fluid/24 hr) were on LTPN for a median of 2.4 mo. Forty-two patients on a free diet had LTPN for a median of 6.5 mo. Most of the latter patients had short-bowel syndrome or severe emaciation due to Crohn's disease, neoplasms, or pancreatitis. The total treatment period of the 70 patients was 816 patient-mo. Until zinc was incorporated into the parenteral program, four cases of zinc depletion syndrome were reported in patients treated with LTPN for 2-6 mo. Progressive halisteresis was observed in five patients. Other complications included bleeding episodes (3 patients), hematemesis and/or melena (8), ovarian cysts (3), peroneal nerve palsy (3), and liver function abnormalities (30 patients with jaundice). Prognosis for patients on LTPN is discussed. The mortality rates for patients with short-bowel syndrome, intestinocutaneous fistulae, and severe secondary emaciation were 23%, 40%, and 27%, respectively. (54 Refs)

19. FOLLOW-UP OF A RANDOMIZED TRIAL FOR OAT CELL CARCINOMA EVALUATING THE EFFICACY OF PERIPHERAL INTRAVENOUS NUTRITION (PIVN) AS ADJUNCT TREATMENT.

Serrou B, Cupissol D, Plagne R, Boutin R, Chollet P, Carcassonne Y, Michel FB
Centre Paul Lamarque, Dept. Immuno-Chemotherapy, Hopital Saint-Eloi, F-34033 Montpellier Cedex, France
Recent Results Cancer Res; 80:246-253 1982

A randomized trial was initiated to compare the effects of peripheral iv nutrition (PIVN)-associated chemotherapy (adriamycin, vincristine, VP-16-213, and cyclophosphamide) versus a chemotherapy control group in patients with oat cell lung carcinoma. Thirty-nine evaluable patients were randomized. The test group included 19 patients, whereas 20 were followed in the control group. PIVN was scheduled each day the patient underwent chemotherapy. Each patient received 1,550 kcal day which included 10% glucose, 20% lipids, and amino acids which may or may not have been mixed in the same infusion bottle. The results show 10 PIVN patients presently in complete remission at the end of three courses of treatment, compared to 9 over the same time period in the chemotherapy control group. Thirty-three percent of patients are still alive after 15 mo after the beginning of treatment. There was no significant difference in either general health or side effects, frequency or duration of complete remission, or survival time. After 1 yr of treatment, 8 of 19 PIVN patients are still in complete remission, compared to 7 of 20 patients in the control group. (Author abstract) (32 Refs)

20. PARENTERAL-ORAL NUTRITION OF LARYNGEAL CANCER PATIENTS SUBJECTED TO LARYNGECTOMY AND PRIMARY LARYNGOPLASTY.

Kachorovskii BV, Bariliak IuR
Inst. Hematology and Blood Transfusion, Lvov, USSR
Probl Gematol Pereliv Krovi; 26(10):34-37 1981

The efficacy of combined parenteral-oral nutrition was studied in 138 patients (35-74 yr old) who were subjected to laryngectomy for cancer of the larynx. Combined parenteral nutrition and po administration of lipid emulsion, starting day 3 after surgery, reduced hospital stay, improved wt gain, and enhanced primary adhesion of the wound. (2 Refs) (In RUS)

21. EFFECT OF PARENTERAL NUTRITION ON IMMUNE STATUS OF PATIENTS SUBJECTED TO SURGERY FOR CANCER OF THE STOMACH.

Rybkin MP, Salmanova EA, Frid IA, Bernshtein MI
Dept. Anesthesiology and Resuscitation, N. N. Petrov Res. Inst. Oncology, Leningrad, USSR
Vestn Khir; 127(10):24-28 1981

The effect of parenteral nutrition on immune status was studied in 48 patients (30 men, 18 women; 30-70 yr old) subjected to subtotal stomach resection for cancer of the stomach. Within 3-5 days after the surgery, 24 patients (Group I) received complete parenteral nutrition with amino acid mixtures, lipid emulsions, glucose, and electrolyte soln, while 24 other patients (Group II) received conventional infusions of glucose and electrolyte soln. The complete parenteral nutrition did not affect the number of T-lymphocytes. The patients in Group I showed increases in levels of IgG and IgM, while the patients in Group II showed decreases in these levels throughout the entire postoperative period. Postoperative complications (pneumonia, abscess, phlegmon) were observed in 4/24 patients in Group I and in 6/24 in Group II. (3 Refs) (In RUS)

NURSING CARE

22. HOPE OF ELDERLY PERSONS WITH CANCER.

Dufault KJ
Case Western Reserve University, Cleveland, OH, 44106
Diss Abstr Int [B]; 42(5):1820-B 1981

The purposes of this study were to: (a) investigate phenomena of hope and hoping processes; (b) identify factors related to hope which hold potential for guiding nursing action in assessing and therapeutically influencing hope of ill persons, especially elderly persons; and (c) develop a conceptual scheme of hope as suggested by elderly cancer patients that would be useful to nurses in clinical settings. Participant observation was selected as the method for data collection for the exploratory prospective field study. Data were collected over a two yr period with the researcher in the role of nurse clinician. Data collection included semistructured informal interviews, observations, and review of hospital and clinical records. Field notes comprised the data for analysis. The sample comprised 22 women and 13 men of various socioeconomic backgrounds between the ages of 65 and 89, who had a confirmed diagnosis of cancer. Subjects were selected while in-patients of a large university medical center but data were collected in various environments of care private dwellings, nursing homes, a terminal care facility, medical center in-patient and out-patient care areas. The data support hope as multidimensional and process oriented rather than unidimensional or trait oriented. (no Refs)

23. LARYNGEAL CANCER: PROBLEMS IN REHABILITATION.

EdwardsN
Frenchay Hosp., Bristol, England
Practitioner; 225(1361):1603-1607 1981

The pathobiology and postsurgical rehabilitation in patients with laryngeal cancer are discussed. The most frequent site of origin of laryngeal cancer is the glottis, where obvious voice change is an early symptom. If treated with external beam radiotherapy soon after symptoms appear, the small superficial cancers that are observed can be cured almost without exception. Radiotherapy fails to destroy a considerable proportion of deeply infiltrating cancers in the larynx; total laryngectomy may be necessary. Laryngeal cancers arising above or below the vocal cords do not present early symptoms and a high proportion come to laryngectomy. Loss of the natural voice-generating apparatus of the larynx is the unique and essential disability of the laryngectomee. Methods to improve the patient's ability to communicate include esophageal voicing, speech aids (compact portable microphone-amplifier-loudspeaker units, electronic vibrators), and vocal reconstruction surgery. The tracheal stoma and neck-breathing, swallowing and nutrition, work, and domestic and social readjustments are discussed. (1 Ref)

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PHYSICAL REHABILITATION

1. DELTA9-TETRAHYDROCANNABINOL AS AN ANTIEMETIC FOR PATIENTS RECEIVING CANCER CHEMOTHERAPY. A PILOT STUDY.

Sweet DL, Miller NJ, Weddington W, Senay E, Sushelsky L
Dept. Medicine, Univ. Chicago, Box 420, 950 East 59th St., Chicago, IL, 60637
J Clin Pharmacol; 21(Suppl8/9):70S-75S 1981

Potential toxicity and antiemetic value of delta9-tetrahydrocannabinol (THC: 5 mg/square meter, po) were evaluated in 25 patients (median age 51.5 yr) receiving cancer chemotherapy. Patients received THC every 8 hr beginning 24 hr before anticipated onset of nausea or vomiting and ending 24 hr after that time. If THC did not provide adequate relief, and if no serious side effects were present, patients received escalated doses of 2.5 mg/dose; no patient received greater than 12.5 mg/dose. The 25 patients completed a total of 102 drug trials. After the first dose, 18 patients (72%) described less nausea, 2 reported complete resolution, and 2 reported worsening nausea. Eighteen patients (69%) noted less vomiting and 4 (15 %) reported complete resolution. During a total of 8 of the

HE 20. 3173/2:

102 trials, nausea apparently worsened. The most frequent side effects were dry mouth (42%), euphoria (31%), and dizziness (31%). Over one-third of the patients experienced dysphoria (20%) or loss of motivation (14%). Patients who scored high on the Brief Psychiatric Rating Scale, those who experienced euphoria, and those with psychogenic vomiting were more likely to have significant alleviation of nausea or vomiting. Results suggest that po-administered THC at 5 mg/square meter is a toxic but transiently effective antiemetic in chemotherapy-induced nausea and vomiting; the therapeutic index of THC may be extremely narrow. (5 Refs)

2. PHYSIOLOGIC OBSERVATIONS IN A CONTROLLED CLINICAL TRIAL OF THE ANTIEMETIC EFFECTIVENESS OF 5, 10, AND 15 MG OF DELTA9-TETRAHYDROCANNABINOL IN CANCER CHEMOTHERAPY, OPHTHALMOLOGIC IMPLICATIONS.

Levitt M, Wilson A, Bowman D, Kemel S, Krepart G, Marks V, Schipper H, Thomson G, Weinerman B, Weinerman R
700 Bannatyne Ave., Winnipeg, Manitoba R3E OV9, Canada
J Clin Pharmacol; 21(Suppl8/9):103S-109S 1981

One hundred twenty patients (51 men, 69 women; mean age 55.7 yr) with cancer, expected to have nausea and vomiting because of their first dose of parenteral chemotherapy when administered, were randomly assigned to one of the six antiemetic treatment groups: no treatment, placebo, 10 mg prochlorperazine (PCPZ), 5 mg delta9-tetrahydrocannabinol (THC), 10 mg THC, or 15 mg THC. Each patient received four doses po of antiemetic treatment at 4-hr intervals with the chemotherapy administered 2 hr after the first antiemetic dose. Blood pressure, mean heart rate, mean respiratory rate, vital capacity, and temperature remain within the normal ranges. All the intraocular pressures (IOP) were below the upper normal limit of 21 mm Hg. Drops in mean IOP occurred in groups receiving 15 mg THC, placebo, and PCPZ. All IOP returned to control levels between the 12th and 24th hr. IOP in the 15 mg-THC group were statistically lower than those in every other group except the 10 mg-THC group. The mean IOP in the 5 mg-THC group was statistically higher than that of the other groups. The significance of these results is discussed. (20 Refs)

3. CANNABINOIDS IN MANAGEMENT OF SEVERE NAUSEA AND VOMITING FROM CANCER CHEMOTHERAPY. SOME ADDITIONAL CONSIDERATIONS.

Garb S, Staquet, Braude, Benowitz, Neidhart
Colorado Clinical Oncology Group, Colorado Regional Cancer Center, Lakewood, CO, 81204
J Clin Pharmacol; 21(Suppl8/9):57S-59S 1981

Evidence is presented that phenothiazines may be useful in controlling cannabinoid side effects and that the combination of delta-9-tetrahydrocannabinol and prochlorperazine may have positive therapeutic effects. These effects include reduced blood pressure in hypertensive patients, less chemothera py-induced myelosuppression in cancer patients (due to improved nutrition resulting from antiemetic effects), and an unexpected degree of response to chemotherapy. (10 Refs)

4. ANTIEMETIC EFFECT OF INTRAMUSCULAR LEVONANTRADOL IN PATIENTS RECEIVING ANTICANCER CHEMOTHERAPY.

Cronin CM, Sallan SE, Gelber R, Lucas VS, Laszlo J
Sidney Farber Cancer Inst., Boston, MA
J Clin Pharmacol; 21(Suppl8/9):43S-50S 1981

Antiemetic effects of im levonantradol were investigated in 31 cancer patients (median age 33 yr) in whom chemotherapy-induced nausea and vomiting were refractory to parenteral phenothiazines. Levonantradol (0.5 mg) was administered 2 hr before chemotherapy; doses could be escalated by 0.5 mg at 4-hr intervals thereafter if incomplete response with no toxicity was observed. A total of 66 courses of levonantradol were administered to the 28 patients evaluated for efficacy. Of these patients, 25 achieved a complete or partial response at doses ranging from 0.5 to 1.5 mg. Fifty-three of the 66 courses of levonantradol produced a better response (as evaluated by the patient), 6 produced a similar response, and 7 produced a response worse than the response to previous phenothiazine therapy. Thirty-five courses resulted in increased food intake, 28 in the same food intake, and 3 in less food intake in relation to that during previous therapy. No correlation was found between prior marijuana use, age, or emetogenic potential of the patients' cancer chemotherapy in determining the response to levonantradol. Twenty-five patients experienced one or more side effects, the most common being somnolence (16/31) and dry mouth (10/31). The most severe toxicity was dysphoria (5/31). It is concluded that im levonantradol is an effective antiemetic at doses as low as 0.5 mg. (10 Refs)

5. ORAL LEVONANTRADOL IN THE TREATMENT OF CHEMOTHERAPY-INDUCED EMESIS: PRELIMINARY OBSERVATIONS.

Diasio RB, Ettinger DS, Satterwhite BE
Dept. Medicine, Medical Coll. Virginia, Box 540, Richmond, VA, 23298
J Clin Pharmacol; 21(Suppl8/9):81S-85S 1981

The antiemetic efficacy of levonantradol (LEV), a new synthetic cannabinoid, was studied in 27 patients (13 men, 14 women; 22-63 yr old, median age 47 yr) with a variety of malignancies including seven breast cancers, six lung cancers, and three Hodgkin's diseases. LEV (0.5 or 1.0 mg capsules) was administered 2 hr before chemotherapy and continued every 4 hr for 12-24 hr. A minimum of three doses was given, up to a max of 27 doses. There were 22 evaluable patients. At 0.5 mg, partial responses (PR) were observed in 7/14 patients and complete responses (CR) in 1/14. At 1.0 mg, 5/11 had PR and 3/14 patients had CR. The single patient treated with 1.5 mg LEV did not respond. Two of the three patients treated at the 0.5-mg dose before the 1.0 mg dose responded to the higher dose. Two of the three patients treated with cisplatin had markedly improved antiemetic responses with LEV compared to previously used antiemetics. Side effects included somnolence (83% at 0.5 mg and 100% at 1.0 mg), dizziness (67% at both doses), dysphoria (33% at both doses), euphoria (11% and 9%, respectively), dry mouth (83% at both doses), decreased concentration (28% and 58%), altered perception (28% and 33%), anxiety (22% and 25%), decreased coordination (17% and 8%), postural hypotension (33% and 8%), and tachycardia (38% and 0%). Four patients stopped taking LEV because of the side effects. These preliminary results suggest that LEV is a relatively well-tolerated oral antiemetic that should be further evaluated. (9 Refs)

6. LEVONANTRADOL FOR CHEMOTHERAPY-INDUCED EMESIS: PHASE I-II ORAL ADMINISTRATION.

Laszlo J, Lucas VS, Hanson DC, Cronin CM, Sallan SE, Bloomfield, Wilkinson, Cohen, Ungerleider
Duke Cancer Center, Durham, NC
J Clin Pharmacol; 21(Suppl8/9):51S-56S 1981

Antiemetic activity of po levonantradol was investigated in 35 cancer patients (median age 40 yr) in whom chemotherapy-induced nausea and vomiting were refractory to conventional antiemetic therapy (po or parenteral phenothiazines). Levonantradol (0.5, 1.0, 1.5, or 2.0 mg) was given 2 hr before chemotherapy and at 4-hr intervals thereafter for at least four doses (in the absence of toxicity); the dose could be increased by 0.5 mg if the patient did not have adequate antiemetic control after the initial dose. The 33 evaluable patients received a total of 64 courses of levonantradol. Twelve courses (3 patients) resulted in a complete response, 32 (15 patients) in a partial response, and 20 (15 patients) in no response. Response was not well correlated with dose. The most common side effects were somnolence (54%), 'high' (37%), and dizziness (31%). Toxicity generally was mild except in those experiencing dysphoria (29%). Older patients experienced more dizziness and patients who experienced anxiety did not respond as well to therapy. Results show that po levonantradol in doses as low as 0.5 mg has antiemetic activity in patients with chemotherapy-induced nausea and vomiting. (13 Refs)

7. CLINICAL EXPERIENCE WITH LEVONANTRADOL HYDROCHLORIDE IN THE PREVENTION OF CANCER CHEMOTHERAPY-INDUCED NAUSEA AND VOMITING.

Heim ME, Romer W, Queisser W
Oncology Center Mannheim, Univ. Heidelberg, 6800 Mannheim, Federal Republic of Germany
J Clin Pharmacol; 21(Suppl8/9):86S-89S 1981

Levonantradol (LEV) was investigated for its antiemetic effects in 12 patients with advanced solid tumors receiving cytotoxic polychemotherapy. Eleven of the 12 patients treated with LEV experienced less nausea and vomiting than with conventional antiemetic drugs. A definite appetite increase occurred in 6 patients. Eight patients considered LEV treatment better than previous antiemetic therapy. Side effects included drowsiness, dizziness, and psychic reactions. LEV is a potent antiemetic drug but its applicability, especially in outpatients, may be complicated by a high incidence of side effects. (3 Refs)

8. RELATIVE ANALGESIC POTENCY OF INTRAMUSCULAR HEROIN AND MORPHINE IN CANCER PATIENTS WITH POSTOPERATIVE PAIN AND CHRONIC PAIN DUE TO CANCER.

Kaiko RF, Wallenstein SL, Rogers A, Grabinski P, Houde RW
Memorial Sloan-Kettering Cancer Center, 1275 York Ave., Box 95, New York, NY, 10021
Natl Inst Drug Abuse Res Monogr Ser; 34:213-219 1981

Categorical pain and pain relief scores and visual analog scales were used concurrently to compare heroin hydrochloride (H) to morphine sulfate (M). One study estimated relative analgesic potency of H in relation to M in 124 postoperative patients, of which 32 received 2 or 4 mg H and 92 received 4 or 8 mg H, plus 8 and 16 mg M, by im injection in double blind twin crossover assays. A second study compared im doses of 4 and 8 mg H with 8 and 16 mg M in a complete crossover assay of 36 patients with chronic pain due to cancer. A third study compared 4 and 8 mg im H to 10 and 20 mg oral H in one series, and 20 and 40 mg oral H in another, using complete crossover assays with 10 chronic pain patients. H is approximately twice as potent as M, and acts slightly faster but for less time than M. H has no unique advantage over M in terms of side effects or effects on mood at equianalgesic doses; both drugs improve mood when administered at dosages adequate for analgesia. Limited preliminary results from the third study suggest an equivalency of 5 mg im H to 30 mg oral H. (14 Refs)

9. INTRATHECAL AND INTRAVENTRICULAR MORPHINE FOR PAIN IN CANCER PATIENTS: INITIAL STUDY.

Leavens ME, Hill CS, Cech DA, Weyland JB, Weston JS

Head and Neck Surgery, Texas Medical Center, Univ. Texas System Cancer Center, M.D. Anderson Hosp. and Tumor Inst., Houston, TX, 77030

J Neurosurg; 56(2):241-245 1982

Intractable pain in six cancer patients was treated with lumbar intrathecal morphine (2 patients) and intraventricular morphine (4 patients). Daily percutaneous injections of morphine through Ommaya reservoirs were made. Initially, 1 mg of lumbar intrathecal morphine resulted in pain relief for 10 to 14 hr, and 2.5 to 4.0 mg of intraventricular morphine gave relief for 12 to 24 hr. This treatment was continued for 3 to 7 mo in three of the adults. Morphine requirements gradually increased. Side effects were minimal, and there were no complications. (Author abstract) (13 Refs)

10. ANALGESIC EFFICACY OF ZOMEPIRAC SODIUM IN PATIENTS WITH PAIN DUE TO CANCER.

Stambaugh JE, Sarahjian C

Oncology and Hematology Associates, PA., 603 N. Broad St., Woodbury, NJ, 08096

J Clin Pharmacol; 21(11/12,part1):501-507 1981

The analgesic efficacy of the non-narcotic drug zomepirac sodium (ZS: Zomax) in patients with cancer was compared to that of oxycodone APC (a narcotic-containing mixture) and placebo. The subjects, 20 men and 17 women (age 36-87 yr), with moderate to severe pain from primary or metastatic malignancy were given a single dose of 100 mg ZS, oxycodone APC (4.5 mg oxycodone HCl, 0.38 mg oxycodone terephthalate, 224 mg aspirin, 160 mg phenacetin, and 32 mg caffeine), or placebo po. Patients were questioned about pain intensity and relief 30 min, 1, 2, 3, 4, 5, and 6 hr after dosing. Both a verbal and a curvilinear visual analog scale were used, which gave comparable results. ZS provided analgesia equal to oxycodone with APC in all assessments of pain intensity and relief. Analgesic activity of ZS was noticeable in 1 hr, reached a peak between 3-4 hr, and last 6 hr. While the mean numerical values in the various assessments were not significantly different, ZS was significantly superior to placebo while oxycodone APC was superior to placebo after 1-3 hr only. Reported side effects included one patient with dizziness (ZS), one with paresthesia (placebo), and two with sweating (oxycodone APC or placebo). Zomepirac sodium may provide an alternative to narcotic-containing drugs currently available for the relief of pain in cancer patients. (16 Refs)

11. YTTRIUM-90 FOR TREATMENT OF PAIN FROM BONE METASTASES.

Kutzner J, Dahnert W, Schreyer T, Grimm W, Brod KH, Becker M
Institut fur Klinische Strahlenkunde, Johannes-Gutenberg-Universitat, Langenbeckstrasse 1, D-6500 Mainz, W. Germany
Nuklearmedizin; 20(5):229-235 1981

Yttrium-90 (Y-90) was tested as an analgesic for pain from bone metastases. Y-90 was purified by elution on an 90Sr-absorbing artificial resin 'cow'. Sixteen patients received 1-14.4 mCi Y-90 as a citrate complex in fractioned doses of 1-4.1 mCi. Patients included eight with prostate carcinoma and four with mammary carcinoma. All patients experienced good to excellent reduction of pain, beginning approx 4.5 days after start of treatment and lasting an av of greater than 7 wk. No hematologic changes, radiation reaction, or other side effects were noted. Body retention of Y-90 was greater than 80%. With a half-life of 64.5 hr, Y-90 presented less radiation hazard than 90Sr. Y-90 took effect more rapidly than 90Sr, 70% of the total dose being effective after 4.5 days. Only 10% of 90Sr dose was effective after 4.5 days. The av duration of the analgesic effect was approx the same for Y-90 and 90Sr. Tolerance dose for a single application of Y-90 was 1-2 mCi/kg body wt. Environmental contamination due to excretion of Y-90 by patients after release from hospital was well below the established safety standards. The cost of Y-90 treatment was less than that for 90-Sr. (21 Refs) (In GER)

12. EXPERIENCE WITH IMMEDIATE AND DELAYED MANDIBULAR RECONSTRUCTION.

Lawson W, Loscalzo LJ, Baek SM, Biller HF, Krespi YP
Dept. Otolaryngology, Mount Sinai Hosp., 100th St. and Fifth Ave., New York, NY, 10029
Laryngoscope; 92(1):5-10 1982

The functional disability and cosmetic deformity after jaw and neck dissection can be very severe due to soft tissue and mandibular loss. Reconstruction of the mandible alone without soft tissue coverage can be complicated with prosthetic exposure, infection and, finally, rejection. We attempted to reconstruct the mandible at the time of tumor resection in a group of patients, using titanium mesh with marrow, rib, scapular spine, and clavicle. We used myocutaneous flaps in order to obtain intraoral coverage of the mandibular grafts. In a second group of patients, delayed reconstruction of the jaw was performed 6 months to 2 years after tumor resection. Titanium mesh prostheses were used for reconstruction of the mandible in conjunction with myocutaneous flaps for soft tissue augmentation. Osteomyocutaneous flaps were also used. The results and complications in 54 patients are presented. (Author abstract) (32 Refs)

13. TREATMENT OF A RESECTED AND GRAFTED MANDIBLE BY MANDIBULAR STAPLE IMPLANT.

Solfanelli SX, Braun TW, Sotereanos GC
(c/o Braun) Mellon Pavilion, 4815 Liberty Ave., Pittsburgh, PA, 15224
J Oral Surg; 39(12):966-969 1981

Treatment of a resected and grafted mandible by mandibular staple implant is discussed in a 56-yr-old white female patient with a well-differentiated squamous cell carcinoma with invasion of the mandibular periosteum. Results after 2 yr have been gratifying, with improved mastication, cosmesis, and speech. (9 Refs)

14. NEW VOICES FOR OLD: ATTEMPTS TO CREATE A NEW LARYNX IN THE POSTLARYNGECTOMY PATIENT.

Rush BF
Dept. Surgery, New Jersey Medical Sch., Newark, NJ
Surg Rounds; 4(12):16-22 1981

The history and current procedures for laryngeal replacements or reconstruction after laryngectomy are presented. Early procedures included the use of a reed larynx, attempts to connect the trachea and pharynx through an external fistula from the pharynx connected to a prosthesis that led to the tracheostome, or direct internal fistula from the trachea to the pharynx. Drawbacks included aspiration of saliva, awkwardness, attachment problems, and hygiene difficulties. Extensive subtotal laryngectomy also gave less than satisfactory results due to local recurrence or preservation of respiration, swallowing without aspiration, and phonation in only 30% of patients. Use of a 'phonatory neoglottis' at the time of laryngectomy gave a final success rate for acceptable speech of 92%. A new procedure, the 'New Jersey Larynx', consists of taking a flap of skin from the anterior neck to fashion a neoglottis and 'neoepiglottis'. The procedure cannot be performed on patients with previous neck radiation, however a high level of postoperative radiation (5,000-6,000 rads) is tolerated. While this procedure shows promise, sufficient data on ultimate success rates is not yet available. The current procedure of choice for laryngectomy patients seeking a better voice is the Blom-Singer prosthesis. Advantages include simplicity, however proper patient compliance is necessary. Continued improvement on these techniques is expected. (12 Refs)

15. RESECTION AND SILICONE PROSTHESIS IN PATIENTS WITH EXTENSIVE MALIGNANT TUMORS OF THE THORACIC TRACHEA.

Gamondes JP, Boivan J, Maret H, Brune J, Maret G
Service de Chirurgie Cardiaque et Thoracique, Hopital Cardiovasculaire L.-Pradel, 69394 Lyon Cedex 3, France
Lyon Chir; 77(6):371-374 1981

Undifferentiated carcinoma extending from the sixth tracheal ring to the bifurcation was resected in a 65-yr-old man. A bifurcated silicone prosthesis was implanted. There were no postoperative complications, but the patient died of local recurrence at the upper anastomosis 9 mo after surgery. Experiments on dogs showed that silicone prostheses were tolerated better than homografts. (20 Refs) (In FRE)

16. BREAST RECONSTRUCTION AFTER MASTECTOMY FOR CARCINOMA. REPORT OF 47 CASES.

Trepsat F, Rochet Y, Bremond A, Denis JM
(c/o Rochet) Clinique Gynecologique, Hopital Ed.-Herriot, 69374 Lyon Cedex 2, France
Lyon Chir; 77(6):391-395 1981

Reconstruction of the breast in 47 patients subjected to mastectomy for breast cancer is described. Patey's operation had been performed on 40 patients, Halsted's operation in 4, and other techniques in 3. The prosthetic implants used were sc in 1 case, subpectoral in 39, and they were placed under a musculocutaneous flap from the latissimus dorsi muscle in 7. Reintervention was necessary in eight cases (due to recurrence of contralateral ptosis or hypertrophy in 4 cases and due to the prosthesis being too high in 4). Intervention on the contralateral breast was necessary in 26/47 patients: correlation of ptosis or hypertrophy was necessary in 18 cases, and sc mastectomy was performed in 8. The mamilla was reconstructed 1 mo or more after breast reconstruction in 25 patients, using total inguinal skin in 18, thoracic skin in 6, and part of the contralateral mamilla in 1. There were no infections and necrosis, nor other complications. It has not been necessary to remove the prosthesis in any of the patients. (14 Refs) (In FRE)

17. PARTIAL PROSTHETIC REPLACEMENT OF THE HUMERUS FOR BONE TUMORS.

Zinman C, Reis ND
Orthopedic Dept. B, Rambam Medical Center, Haifa, Israel
Harefuah; 100(12):566-567,599 1981

Partial prosthetic replacement of the humerus with iso-elastic polyacetal resin prosthesis was performed in two patients. This technic is recommended in certain cases of destructive lesions of the humerus in which amputation is not indicated or is refused. (4 Refs) (In HEB)

18. THE USE OF THE B.A.S.K. TOTAL PROSTHESIS FOR THE RECONSTRUCTION OF THE PROXIMAL FEMUR AFTER TUMOR EXCISION.

Meadeb P, Koechlin P, Apoil A
Centre de Chirurgie orthopedique, Hopital Saint-Antoine, 184, rue du Faubourg Saint-Antoine, F 75571 Paris, France
Rev Chir Orthop; 67(7):655-658 1981

The use of a Bonvallet, Apoil, Sommelet, Kouvalchouk (BASK) prosthesis in 15 patients 23-96 old, (13 with metastases) for total hip replacement is described. One patient underwent surgery for a giant cell tumor, and another had a fibrosarcoma affecting the proximal femur. Metastases from breast cancer (6) were the most common. Three patients died in the postoperative period. All of the other 12 patients were able to walk 10-30 days postoperatively. On longterm followup, one patient died at 2 mo and another at 4 mo. Two patients were lost at follow up. Eight patients survived more than 4 mo. One patient experienced transitory pain during the first 2 mo. One patient fractured the prosthesis twice before dislocations or infections. The BASK prosthesis can repair bone losses as great as 13 cm with an adjustable femoral length device. It is suggested that the BASK device is particularly suited to surgery for metastatic tumors and for patients who are receiving palliative treatment. The relative fragility of the device and its not known longterm wear, make it less indicated for patients receiving curative therapy. (5 Refs) (In FRE)

PSYCHO-SOCIAL ASPECTS OF REHABILITATION

19. LIFE CHANGE AND LUNG CANCER.

Lehrer S
Dept. Radiation Therapy, Veterans Admin. Hosp, Bronx, NY
J Hum Stress; 7(4):7-11 1981

The Social Readjustment Rating Scale was used to measure the degree of life change in 74 histologically proven lung cancer patients. Their Life Change Unit (LFU) scores appeared to array themselves into two groups. Fifty patients were in the low life-change group, with scores less than 137 LCU. The mean score for their LCU was 54.8 +-39.2. Twenty-four patients were in a high life-change group, with scores above 137 LCU; their mean score was 248.5 +-80. LCU. Between these two groups there was a difference in the mean age at diagnosis. In the high life-change group, the mean age at diagnosis was 55.6 +-6.49 yr: in the low life-change group, it was 59.5 +-8.0 yr. These results were compared to a control group of 53 male veterans with histologically proven colorectal cancer. The mean age at diagnosis of 39 patients in the low life-change group (below 137 LCU) was 60.85 +-8.23 yr and that for 14 patients in the high life-change group was 59.5 +-9.32 yr. The difference between these the mean age of these two groups was insignificant. These findings suggest that lung cancer patients fall into two groups: a younger group, in which life change is a promoting factor, and an older group, in which life change has little or no effect in precipitating the onset of lung cancer. (12 Refs)

20. FAMILY RELATIONSHIPS OF THE MASTECTOMY PATIENT: INTERACTIONS WITH THE SPOUSE AND CHILDREN.

Wellisch DK
Neuropsychiatric Inst., Center Health Sciences, Univ. California, Los Angeles, 760 Westwood Plaza, Los Angeles, CA, 90024
Isr J Med Sci; 17(9/10):993-996 1981

The relationships of the breast cancer patient who has undergone mastectomy with her spouse and children undergo many drastic changes. The data indicate that male partners who are more involved in decision making and hospital visitation are more supportive and cope better themselves. Nonviewing of the surgical site can be a joint psychological problem not confined to the female patients only. Children will tend to express their distress in indirect and potentially symptomatic ways. The symptoms may differ between preadolescents and adolescents. Adolescent girls may be a special risk when their mothers have undergone mastectomy; maternal envy and competitiveness may result in increased friction between mother and daughter. (Author abstract) (12 Refs)

21. QUALITY OF LIFE ASSESSMENT OF PATIENTS IN EXTREMITY SARCOMA CLINICAL TRIALS.

Sugarbaker PH, Barofsky I, Rosenberg SA, Gianola FJ
NIH, Building 10, Room 10N116, Bethesda, MD, 20205
Surgery; 91(1):17-23 1982

Twenty-six patients with soft tissue sarcoma who participated in a randomized controlled clinical trial were studied to compare the impact of treatments on quality of life. Patients were treated with amputation plus chemotherapy or with limb-sparing surgery plus radiation therapy plus chemotherapy. After completion of treatments, when the patients' physical status had stabilized, a Quality of Life Assessment was administered. It consisted of the Psychosocial Adjustment to Illness Scale, the Sickness Impact Profile, the Barthel Function Scale, the Katz Activities of Daily Living Scale, and an economic assessment. In addition, clinical assessments of mobility, pain, sexual relationships, and treatment trauma were obtained. Analysis of these assessments indicated that our hypothesis that limb-sparing surgery plus irradiation would provide improved quality of life when compared to amputation was not substantiated. (Author abstract) (9 Refs)

22. ISSUES IN THE PSYCHOLOGICAL CARE OF PEDIATRIC ONCOLOGY PATIENTS.

Brunnquell D, Hall MD
Minneapolis Children's Health Center, 2525 Chicago Ave., Minneapolis, MN, 55404
Am J Orthopsychiatry; 52(1):32-44 1982

Various psychological issues arising for pediatric oncology patients are examined and illustrated through case vignettes. Broad psychological issues are separation from loved ones, fear of loss of life, loss of control over one's environment and loss of a sense of competence. Impairment of mobility and activity, and periods of isolation are specific concerns in many hospital situations. Side effects, such as difficulty with nausea, change in eating patterns or intake of fluids, and constant bombardment with cares and procedures, present problems in adjustment which are as great as the illness itself. Social relationships are often greatly altered by disease, hospitalization, and treatment. A balance of independence and dependence appropriate to the child's developmental level must be reached in order to maintain self-control and feel competent in the world. Relevant interpersonal issues include effective team relations, consistency in nursing care, open discussion of the patient's condition, and interaction with other oncology patients. Fear of hair loss is often the most difficult adjustment issue for many children. Modulating the numbers of changes to a patient in a given time will often permit a more mature reaction to therapy. Family issues include adjustment time for parents, previous experiences with cancer, stresses of parental separation, and care of siblings. Realization of the cumulative significance of seemingly inconsequential specifics by the health care staff is necessary in the total care of the pediatric oncology patient. (10 Refs)

23. UNDERSTANDING THE CANCER PATIENT: THE SYNDROME OF CAREGIVER'S PLIGHT.

Weisman AD
Dept. Psychiatry, Massachussetts General Hosp., Boston, MA, 02114
Psychiatry; 44(2):161-168 1981

Comprehensive cancer care requires knowledge of three areas. (1) Protocol is the treatment of the medical aspects of cancer. (2) Plight includes the largely nonmedical, psychosocial aspects. A 'holistic' approach to treatment includes these. (3) Promise defines what a caregiver will do for a patient and what is expected in return. A lack of proper understanding of the three areas can cause a syndrome called 'caregiver's plight'. Reactions to various phases of cancer care may be more severe in caregivers than in patients. Common distress signals include burnout, aversion or abhorrence of patients and duties, and phony optimism. Others are second look disappointment, emotional 'meltdown', and death watch solemnity. To avoid the syndrome, caregivers are advised to follow three recommendations: (1) Make the least possible contribution that has a chance of making a difference. (2) Share concerns with colleagues. (3) Use the 'absent witness' technique to analyze the care being given to patients. (13 Refs)

24. EXPLANATION AND PSYCHOLOGICAL TREATMENT FOR CANCER PATIENTS.

Klimm HD
Friedrichstrasse 81a, 7554 Kuppenheim, W. Germany
ZFA (Stuttgart); 57(5):359-365 1981

The relationship between a cancer patient and the family physician is discussed. As soon as a definitive diagnosis is established the family physician should be informed. What to tell the patient (complete truth, part of it, or none of it), legal aspects, and what usually happens are considered. The truth should be told; only then can true communication exist. The patient, his family, and most of all the physician should be willing to communicate, to reduce fear and tension and to give understanding, love, and care. Ideally the patient should be told the same version by all concerned. The physician must use his humanity, experience, and sense of identification to help the patient not lose himself in despair but gather his resources to fight and resist the disease. Practical arrangements must be made to care for the patient and minimize pain and discomfort. (no Refs) (In GER)

25. DEPRESSION SECONDARY TO CANCER.

Petty F, Noyes R
Dept. Psychiatry, Univ. Iowa, 500 Newton Road, Iowa City, IA, 52242
Biol Psychiatry; 16(12):1203-1220 1981

Depression is the most frequent psychiatric complication experienced by cancer patients; recent surveys indicate that 17-25% of those hospitalized suffer from depression severe enough to warrant psychiatric intervention. Depression may be associated with more rapid progression of existing disease. Depression may hasten decline through interference with nutrition. The diagnosis of depression in serously ill patients presents difficulties in distinguishing between normal reactions to life-threatening illness, demoralization and grief, and depression. Two studies of predominantly outpatient populations found depression less prevalent. Despite an increased risk of suicide, self-destruction remains a rare occurrence in cancer victims. Etiologic factors related to the illness include psychological reaction to cancer, reaction to physical distress, CNS metastases, paraneoplastic syndromes, and metabolic disturbances. Factors related to depression include treatment by surgery, radiation, chemotherapy, and hormones. Treatment for depression secondary to cancer should begin with careful assessment leading to identification of specific mechanisms and may include antidepressant drugs, psychotherapy, and a variety of adjunctive techniques. Use of adequate diagnostic criteria is important. Controlled trials of available pharmacologic and nonpharmacologic treatments are needed. (73 Refs)

NUTRITIONAL EVALUATION AND SUPPORT

26. LIVER MALIGNANCY AFTER PARENTERAL NUTRITION.

Vileisis RA, Sorensen K, Gonzalez-Crussi F, Hunt CE
(c/o Hunt) Div. Neonatology, Children's Memorial Hosp., 2300 Children's Plaza, Chicago, IL, 60614
J Pediatr; 100(1):88-90 1982

Liver dysfunction is a well-recognized complication of long-term parenteral nutrition. The cholestatic condition has been assumed to be benign because of the reversibility of liver function abnormalities once parenteral nutrition has been discontinued and oral feedings established. However, persistent hepatic fibrosis or cirrhosis, or both, have been demonstrated in biopsies of patients with cholestatic jaundice secondary to parenteral nutrition, and parenteral nutrition-associated cholestatic jaundice has recently been implicated as the cause of significantly morbidity. To illustrate a new complication of parenteral nutrition-associated liver dysfunction, we now report a preterm infant with parenteral nutrition-associated cholestatic jaundice and resultant biliary cirrhosis in whom fatal hepatocellular carcinoma occurred at age 26 months. (Author abstract) (11 Refs)

27. CONTROLLED CLINICAL TRIALS OF NUTRITIONAL INTERVENTION AS AN ADJUNCT TO CHEMOTHERAPY, WITH A COMMENT ON NUTRITION AND DRUG RESISTANCE.

Levine AS, Brennan MF, Ramu A, Fisher RI, Pizzo PA, Glaubiger DL

Pediatric Oncology Branch, NCI, NIH, Bethesda, MD, 20205

Cancer Res; 42(2,Suppl):774S-781S 1982

Nutritional intervention in the cancer patient [eg, total parenteral nutrition (TPN)] might improve durable survival because of increased tolerance to aggressive tumor therapy. To determine whether this assumption is correct, 42 patients with diffuse histiocytic lymphoma were induced with prednisone, high-dose methotrexate, Adriamycin, cyclophosphamide, and VP-16 (ProMACE). Nitrogen mustard-vincristine-procarbazine-prednisone consolidation was then used, followed by late intensification with ProMACE. Patients were selected randomly to receive adjuvant TPN or a standard diet during ProMACE-MOPP treatment. In a second trial, 32 young patients with metastatic or other poor-prognosis sarcomas were randomly allocated to receive TPN or a standard diet as an adjunct to one very intensive course of combination chemotherapy or chemotherapy plus total body irradiation. Response rates and median durable survival did not differ between the two groups. In both trials, the maximum nutritional support permitted by currently available technology was offered. Thus, the limiting factor may not be nutritional status but rather the intrinsic biology of the tumors and the limitations of their response to current therapy. In in vitro studies of the possible influence of nutrition on cancer treatment we have compared sublines to P388 murine leukemia cells, which are sensitive or resistant to Adriamycin. The difference in drug sensitivity correlated with differences in lipid composition, with more intracellular lipid, and with greater membrane rigidity in the resistant cells. Resistant cells have a relatively poor transport of drug into the cell; moreover, intracellular Adriamycin is sequestered in lipid depots away from DNA. These results suggest one possible relationship between nutritional phenomena and drug sensitivity. (14 Refs)

28. PREOPERATIVE PARENTERAL FEEDING IN PATIENTS WITH GASTROINTESTINAL CARCINOMA.

Muller JM, Dienst C, Brenner U, Pichlmaier H

Dept. Surgery, Univ. Cologne, Joseph Stelzmann-Str. 9, 5 Cologne 41, W. Germany

Lancet; 2(8263):68-71 1981

In a comparative clinical trial to examine the influence of 10 days of preoperative parenteral nutrition (PPN) on the postoperative complication rate for gastrointestinal carcinoma 59 patients (controls) received the regular hospital diet and 66 received PPN. The two groups were similar in nutritional status and in distribution of site and stage of tumor and type of operation. The rates of postoperative wound infection, pneumonia, major complications, and mortality were generally lower in the PPN group, but the differences were significant only for major complications and mortality. The clinical results can be explained by the improvement in various indices of humoral and cellular immunocompetence and the protein status in the PPN group and their deterioration in the control group during the preoperative course. (Author abstract) (23 Refs)

29. TOTAL PARENTERAL NUTRITION IN THE TREATMENT OF POST-OPERATIVE COMPLICATIONS OF PANCREATIC RESECTION.

Foggi E, Pezzarossa A, Salcuni PF, Dell'Abate P

Istituto di Clinica Chirurgica Generale e Terapia Chirurgica I, Universita degli Studi di Parma, Parma, Italy

Minerva Dietol Gastroenterol; 27(4):633-637 1981

The pancreas was removed in 54 patients, in 34 due to neoplasias and in 20 due to recurrent chronic pancreatitis. Complications occurred in 14 cases, most of them due to biliary-pancreatic fistulas. Of the 14 patients, 40% were already receiving insulin. The patients received total parenteral nutrition consisting of 25-60 cal/kg/day (mostly glucose) for 10-40 days. Glycosuria, acetonuria and glycemia were monitored every 3-8 hr. The patients recovered completely in an av of 20 days. Mortality due to fistulas was reduced from 13.5% to 6.2%. (7 Refs) (In ITA)

30. STUDY OF DIGESTIVE ABSORPTION AND FUNCTION ACCORDING TO DIFFERENCES IN METHODS OF ESOPHAGEAL RECONSTRUCTION (FOCUSING ON RETURNING TO SOCIETY AFTER SURGERY FOR ESOPHAGEAL CANCER).

Sasaki T, Buto T, Soga J, Sawada H, Kanbuchi N, Daikoku H, Miyashita K

First Dept. Surgery, Niigata Univ., Niigata, Japan

Nippon Kyobu Geka Gakkai Zasshi; 29(4):619-621 1981

Esophageal reconstruction was performed in 302/575 patients with esophageal cancer. The organs used for the reconstruction were the stomach in 228 cases (Group A) and a pedunculated segment of the colon in 62 (Group B). The 5-yr survival rates of the Group A and B patients were 21.7% and 32.7%, respectively. Postoperative condition of 71 Group A (Group A') and 25 Group B (Group B') patients was studied in detail. The 1-yr survival rates of the Group A' and B' patients were 39/71 and 15/25, respectivel y. Compared to Group A' patients, Group B' patients were more often (84% vs 76%) able to completely or partially return to their prior occupation and place in society after surgery. In general, Group B' patients were also able to return to their prior occupation sooner (70% within 6 mo) than Group A' patients. Group A' patients complained of reduced food intake and increased time required to eat more often than Group B' patients, but the period of time required for the patients to be able to eat did not differ between the two groups. Diarrhea was a frequent complaint of Group B' patients, and the diarrhea continued for greater than 5 yr in 35% of the cases. Many of the Group A' patients had diarrhea in the early stages after eating, and some had intolerance to milk. Dumping was observed frequently in Group A' patients. Approx 10% loss of body wt was observed in patients in both groups greater than 4 yr postoperatively. Triglyceride levels slightly decreased postoperatively in both Group A' and B' patients. Hyperglycemia was observed greater than 120 min after initiation of glucose tolerance tests more often in Group A' than Group B' patients who survived greater than 5 yr. The hyperglycemia in the Group A' patients was thought to be associated with the postoperative dumping. (3 Refs) (In JPN)

31. TECHNIQUE FOR ENDOSCOPIC INTUBATION OF GASTRIC CANCER.

den Hartog Jager FC, Berkel J, Tytgat GN, Cremer M

Div. Gastroenterology, Univ. Amsterdam, Wilhelmina Gasthuis, Amsterdam, The Netherlands

Excerpta Med Int Congr Ser; 555:86-95,393 1981

One hundred and seventy-six consecutive patients (134 men, 42 women; mean age 69.5 yr, range 39-92 yr) with obstructive gastric malignancies were treated with palliative fiberendoscopic intubation with a transparent plastic prosthesis. The prosthesis was made from polyvinyl tubing (Tygon R 3693) and varied in length from 8-35 cm. The lesion was dilated, local anesthesia and diazepam sedation were administered, and the prosthesis was introduced mounted on a small caliber fiberendoscope. A chest x-ray or plain abdominal film was taken to exclude perforation and to document the position of the prosthesis. In general, good palliation with restoration of the food passage was obtained. Early complications were migration and perforation. Migration within 4 wk occurred in 20 patients because of very soft tumors, too much dilation, and the tumor mass itself. Perforation occurred in 15 patients, causing death in two. Five patients died: two with peritonitis after perforation, two from septic shock, and one from aspiration pneumonia. Late migration occurring after 4 wk in 17 patients was usually solved by changing the tube for one with a shoulder or by using a longer tube. Obstruction occurred due to food impaction (12 patients), due to tumor growth above and below the prosthesis (19), or reflux esophagitis (2). Pressure necrosis occurred in seven patients 23-230 days after intubation. Fistula formation could be prevented by changing the prosthesis for a longer one. Survival from the time of intubation was 0-659 days with a mean of 114 days. Intubation failed in nine patients. (7 Refs)

32. THE CELESTIN TUBE IN NEOPLASTIC OBSTRUCTION OF THE ESOPHAGUS.

Ziskind Z, Yellin A, Lieberman Y

Dept. Thoracic Surgery, Sackler Sch. Medicine, Tel Aviv, Israel

Harefuah; 101(3):51-53,92 1981

Malignancies of the esophagus are frequently inoperative and lead to obstruction of the alimentary tract, malnutrition, and aspiration pneumonias. Celestin tubes were implanted to bypass complete or partial obstructions in 11 patients (5 males, 6 females, 53-94 yr old, av age 74 yr) with esophageal neoplasm. Seven of the patients had primary esophageal neoplasms; five were squamous and two were adenocarcinoma. Three patients suffered from invasive tumors of the lung or breast, and one had an esophageal metastasis from a primary rectal carcinoma. The technique for implanting the two-part celestin tube under general anesthesia is described. In most cases the pilot basic part of the tube was passed from above and connected to the lower part of the tube passed upward from the stomach. The tube was then manipulated so that the funnel rested just above the obstruction. The lower end was then sutured to the posterior wall of the stomach. One patient died intra-operatively and two suffered correctable complications. Advantages the celestin tube has over other methods of managing esophageal obstruction in terminally ill patients are discussed. The patients survived 14 wk, and all experienced an improved quality of life. (16 Refs) (In HEB)

33. ANABOLIC PROFILES IN LATE-STAGE CANCER PATIENTS RESPONSIVE TO HYDRAZINE SULFATE.

Gold J

Syracuse Cancer Res. Inst., 600 E. Genesee St., Syracuse, NY, 13202

Nutr Cancer; 3(1):13-19 1981

The anabolic profiles of 59 late-stage cancer patients responsive to hydrazine sulfate (HS) were examined. HS was given as the sole agent or added to preexisting therapy to which the patients had become refractory. Appetite and wt response statistics were extracted from case reports of patients and collated in terms of two categories: Indicated Appetite Improvement (IAI) and Weight Response (WR). IAI included protocol-coded appetite response, clinical evaluation, and quantitative wt response. WR included only patients in whom IAI was expressed quantitatively (wt gain or loss per initial 3-wk-period of drug trial). Most of the patients (79.7%) responded with IAI, expressed by protocol-code, clinical evaluation and/or direct quantitation. In patients receiving HS alone the IAI was 86.1%; in patients in whom HS was added to preexisting therapy, the IAI was 69.6%. Of patients whose cases were expressed with direct quantitation, the av wt gain for patients receiving HS alone was 8.2 pounds, that for patients with preexisting therapy was 0.6 pounds. Results suggest the use of HS as a specific chemotherapy for cancer cachexia; and implicate ineffective concurrent or prior therapy as an apparent negative factor in the generation of anabolic response. (15 Refs)

34. FOOD PREFERENCES OF PATIENTS WITH CANCER.

Vickers ZM, Nielsen SS, Theologides A

Dept. Food Science and Nutrition, Univ. Minnesota, St. Paul, MN

J Am Diet Assoc; 79(4):441-445 1981

Cancer patients who experience food aversions generally rated foods less pleasant than healthy controls or cancer patients with no food aversions. Most high protein foods, cereal products, and sweet foods were generally less palatable to patients with food aversions. Most fruits, vegetables, and cultured dairy products were equally palatable to all three subject groups. Although the cause of these food aversions is not understood, they do not appear to be a generalized response to all foods. (Author abstract) (14 Refs)

35. PRACTICAL HINTS FOR FEEDING THE CANCER PATIENT.

Bloch AS

Clinical Nutrition Support Kitchen, Memorial Sloan-Kettering Cancer Center, New York, NY

Nutr Today; 16(6):23,25 1981

Practical suggestions for feeding patients with various cancers are presented. Patients with head and neck cancers often experience some loss of taste and smell, dry mouth, and difficulty in chewing or swallowing. These patients respond well to highly seasoned foods, moist foods, or softened foods. Gastrectomy patients respond to frequent small feeding with low lactose levels or drip feeding if intake becomes inadequate. Continuous tube feeding of intestinal cancer patients may require formulas with low fat, hydrolyzed protein, or amino acids; the increased variety of tubes and delivery systems for tube feeding simplify the process and allow a near normal lifestyle. (no Refs)

36. PATHOPHYSIOLOGY OF CANCER CACHEXIA: CURRENT UNDERSTANDING AND AREAS FOR FUTURE RESEARCH.

DeWys WD
Nutrition Section, Clinical Investigations Branch, Div. Cancer Treatment, NCI, Bethesda, MD, 20205
Cancer Res; 42(2,Suppl):721S-726S 1982

Weight loss and failure to gain weight normally in cancer patients are attributable to negative energy balance and altered metabolism. Energy balance is negative because of decreased intake, increased expenditure, or both. Changes in carbohydrate metabolism include glucose uptake and lactate production by tumor, relative hypoinsulinism, and relative insulin resistance. Alterations in protein metabolism include preferential uptake of amino acids by the tumor, decreased synthesis of some host tissue proteins such as muscle tissue, and increased synthesis of other host proteins. Lipid metabolism is seemingly less affected. These metabolic changes result in muscle wasting in adult cancer patients and growth failure in pediatric cancer patients. Host tissues are catabolized to meet the nutritional demands of the tumor, and nutritional death may ensue. (Author abstract) (34 Refs)

37. NUTRITIONAL ASSESSMENT OF THE CHILD WITH CANCER.

Neumann CG, Jelliffe DB, Zerfas AJ, Jelliffe EF
UCLA Sch. Public Health/Medicine, Los Angeles, CA, 90024
Cancer Res; 42(2,Suppl):699S-712S 1982

Children with cancer are in need of nutritional support to combat the catabolic effects of malignant tumors and debilitation from surgical or other treatment and complicating infections and to maintain their immune system and other host defenses to combat cancer and infection. Also, growth must be supported in the child. Nutritional assessment should be an integral part of the care of both the hospitalized and ambulatory child. The main components of nutritional assessment are described: medical history; psychocultural history; dietary assessment; clinical examination for signs of deficiency; anthropometry; and biochemical and hematological assessment. Parameters of cell-mediated immunity, often depressed by malnutrition, are also part of the assessment. Appropriate reference data for children are included. Assessment is the first step in nutritional support. (Author abstract) (46 Refs)

38. HYPERALIMENTATION IN THE UNDERNOURISHED CANCER PATIENT.

Nixon DW, Fischer
Dept. Medicine and Winship Clinic for Neoplastic Disease, Emory Univ. Sch. Medicine, Atlanta, GA, 30322
Cancer Res; 42(2,Suppl):727S-728S 1982

Serial anthropometrics, creatinine:height ratios, serum albumin levels, and elemental balances were compared for cachectic cancer and noncancer patients receiving hyperalimentation. Cancer patients compared unfavorably in all measurements except triceps skinfold increments, which were equal for both groups, suggesting that weight gain in cancer patients represented repletion of fat rather than restoration of normal lean body mass. (Author abstract) (5 Refs)

39. EFFECT OF NUTRITIONAL SUPPORTIVE THERAPY ON CHILDREN WITH ADVANCED CANCER.

van Eys J, Cangir A, Carter P, Coody D
Dept. Pediatrics, M. D. Anderson Hosp., Houston, TX, 77030
Cancer Res; 42(2,Suppl):713S-714S 1982

The parameter of weight/height ratio as a percentage of the 50th percentile is a basic measure for nutritional status in pediatric oncology and measures adequately response to therapeutic intervention. (Author abstract) (7 Refs)

40. EFFECTS OF THERAPY ON NUTRITIONAL STATUS OF THE PEDIATRIC CANCER PATIENT.

Donaldson SS
Dept. Radiology, Div. Radiation Therapy, Stanford Univ. Medical Center, Stanford, CA, 94305
Cancer Res; 42(2,Suppl):729S-736S 1982

Children with cancer are at high risk for major nutritional problems both from the tumor itself and from the treatment administered. Overt malnutrition is seen in as many as 17% of children with newly diagnosed localized tumors and 37% of those with metastatic disease. Weight loss in children with cancer is directly correlated with a poor nutritional status at the time of diagnosis and with a low serum albumin. Massive surgical resections are a common source of nutritional problems and are usually not indicated as primary therapy in children with cancer. Both radiotherapy and chemotherapy are associated with recognized acute and long-term complications which may have an impact upon the nutritional status of the child. The majority of childhood cancers are best managed by a multidisciplinary approach including limited surgery, irradiation, and chemotherapy. This combined modality approach requires careful management including monitoring for known sequelae such that optimistic cure rates can be achieved without compromising the nutritional status of a child with cancer. (Author abstract) (54 Refs)

NURSING CARE

41. TAKING THE FEAR OUT OF BONE MARROW EXAMINATIONS.

Markus S
Baltimore Cancer Res. Program, Univ. Maryland Hosp., Baltimore, MD
Nursing; 11(4):64-67 1981

Treatment of patients undergoing bone marrow examination is discussed. Preparing the patient for the mechanics of the procedure, establishing trust, providing accurate information in simple terms, and ensuring privacy are most important aspects in the procedure. Collecting bone marrow specimens including selection of sites, needle insertion, and biopsy obtaining are reviewed. (10 Refs)

42. SHARON WANTED MORE THAN WE COULD GIVE.

Johnson L
Valdez Community Hosp., Valdez, AK
Nursing; 11(4):22-25,14 1981

Difficulties encountered in the nursing care of terminally ill patients are illustrated by the case history of a 29-yr-old woman in Stage IV Hodgkin's disease. It was emphasized that the health care personnel should not give in to the overdemanding patients thereby reinforcing their self-pity. (no Refs)

43. TRUTH, THE PSYCHIATRIST AND CANCER SPECIALIST.

Schraub S, Zysmann H
Service Francois-Baclesse, CHR, CHR Besancon, France
Rev Infirm; 31(17):53-55 1981

The cancer specialist and nurses who treat the patient should assume the roles of psychiatrists and not totally discharge onto the psychiatrist the duty of dealing with the patient's fears and anxieties. Even if the complete truth or the exact diagnosis is not revealed to the patient, a logical explanation of the disease and the treatment should be given in order to prevent the patient feeling he is passive and lacks control over the situation. (no Refs) (In FRE)

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PHYSICAL REHABILITATION

1. VIDEOTAPE RECORDING--A COMPLEMENTARY AID FOR THE WALKING TRAINING OF LOWER LIMB AMPUTEES.

Netz P, Wersen K, Wetterberg M
Dept. Orthopaedic Surgery, Karolinska Hosp., Stockholm, Sweden
Prosthet Orthot Int; 5(3):147-150 1981

Fifty patients (9 greater than 70 yr old) who had undergone leg amputation (below-knee in 15, above-knee in 28, hip disarticulation and hemipelvectomy in 7) for neoplasms (19) or other causes were recorded on videotape during their regular ambulation training sessions except training on the parallel bars. Front, back, and side views were obtained. The tapes were played back immediately after the session and discussed by physical therapist and patient. All patients felt that the videotape recording and discussion had been useful and 44 said that they had noticed details not recognized previously. One advantage of the videotape recording is elimination of the need to divide attention between walking and a mirror. No negative reactions or depressive tendencies were noted. Patients who had

HE 20. 3173/2:

been doubtful prior to the experiment became positive after viewing themselves on videotape. (7 Refs)

2. PECTORALIS MYOCUTANEOUS FLAP FOR CHIN AUGMENTATION.

Conley JJ, Parke RB
211 Central Park W, New York, NY, 10024
Otolaryngol Head Neck Surg; 89(6):1045-1050 1981

Radical tumor resection and immediate reconstruction with a pectoralis myocutaneous flap were performed in 15 patients with massive (T3-T4) cancers of the tongue, mouth floor, and mandible. The procedures included subtotal glossectomy in 2/15 patients and total glossectomy with total laryngectomy in 2/15. All patients were given a full course of postoperative radiotherapy. Elective neck dissection on ipsilateral side is recommended, to reduce the bulk of tissue in the neck and thus reduce the pressure at the base of the neck or the transposed flaps. Two patients developed complete necrosis of the flaps in the oral cavity, with submental fistula formation. They were treated by debridement and then by secondary reconstruction. Three patients developed partial skin loss in the oral cavity, without fistulas or wound infection; they required only local debridement, because the underlying muscle was not affected. The pectoralis flap partially restored the profile of the mentum but not the function of the mandibular arch. A custom-made implant (preferably from rib or iliac bone) was contemplated as a secondary procedure, but most patients accepted a blended and soft diet as an alternative to further surgery. There were no radiation-induced complications at the primary site or in the operated or unoperated neck. All chest wounds were closed primarily and without skin grafts. (11 Refs)

3. DELTOPECTORAL RECONSTRUCTION OF THE PHARYNX.

Cort DF
Queen Elizabeth Hosp., Birmingham, England
Ear Nose Throat J; 61(1):35-36,38-41 1982

Deltopectoral reconstruction of the pharynx and cervical esophagus in patients with carcinoma of the larynx is described. Preoperative preparation is discussed with respect to dentition, nutrition, and gastrostomy. The operative method is reviewed, specific postoperative management is outlined, and the second and third surgical stages are described. (3 Refs)

4. RATIONALE FOR IMMEDIATE RECONSTRUCTION OF THE BREAST FOLLOWING MODIFIED RADICAL MASTECTOMY.

Georgiade G, Georgiade N, McCarty KS, Seigler HF
Div. Plastic and Reconstructive Surgery, Duke Univ.Medical Center, Durham, NC, 27710
Ann Plast Surg; 8(1):20-28 1982

Sixty-two patients who underwent modified radical mastectomy with breast reconstruction within 5 days of surgery were evaluated to determine whether immediate reconstruction could be achieved in cases of primary cancer. In such cases the surgeon should perform the procedure without compromis ing the reconstructive technique. Twenty-eight patients were premenopausal, 20 were clearly menopausal and 14 were perimenopausal. Immediate reconstruction was not associated with increased incidence of local recurrence and did not necessitate alterations in adjuvant chemotherapy protocols in patients with positive nodes. No increases in the occurrence of seromas, wound separations, prosthesis extrusion or loss, skin necrosis, infection, or other complications were observed. The ability to detect recurrence was not adversely affected by prosthesis. Immediate reconstruction compared favorably with delayed reconstruction. Advantages of immediate reconstruction are the improved technical results achieved and the lower cost and morbidity. The major problem with immediate reconstruction is the increased difficulty of closure of the wound; use of a multilevel closure has been useful for this purpose. Good preoperative counseling regarding expectations from breast reconstruction is critical to the success of the procedure. (15 Refs)

5. RECONSTRUCTION OF THE BREAST BY ADVANCEMENT OF ABDOMINAL SKIN.

Spitalny HH, Lemperle G, Radu D
Abteilung fur Plastische- und Wiederherstellungs-Chirurgie, St.-Markus-Hosp., Wilhelm-Epstein-Strasse 2, D-6000 Frankfurt/Main 50, W. Germany
Chir Plast; 6(2):87-93 1981

In 106 of our patients, breast cancer has been detected early, and a modified radical mastectomy was possible. Reconstruction could be carried out replacing the missing skin by wide advancement of abdominal skin. Fixation of the tightened abdominal skin to the thoracic wall with a continuous suture creates a new inframammary fold and a skin pocket big enough for any size of prosthesis. Among all methods for reconstruction of the nipple-areola complex, we found three to be the best: (1) preservation of the nipple-areola from the amputated breast, (2) combination of nipple graft and areola tattoo, (3) sharing the areola and nipple of the other breast. (Author abstract) (18 Refs)

6. ANALGESIC ADJUVANTS: THE ROLE OF PSYCHOTROPICS, ANTICONVULSANTS, AND PROSTAGLANDIN INHIBITORS.

Bouckoms AJ
Harvard Medical Sch., Boston, MA
Drug Ther; 12(1):179-186 1982

Addition of other drugs to narcotics, in order to increase analgesia with minimal side effects, is reviewed. The history of pain adjuvants is discussed with respect to stimulants, neuroleptics, tricyclic antidepressants, anticonvulsants, and prostaglandin inhibitors. Situations in which analgesic adjuvants are indicated and contraindicated are reviewed. Adjuvant choice is individualized and should be the simplest and most potent combination of drugs. Selection of adjuvants depends on the symptoms associated with pain, the character of the pain, the patient's past history, and the physician's knowledge of potential drug interactions. (25 Refs)

7. JET ANESTHESIA IN A PEDIATRIC ONCOLOGY CLINIC.

Butzner JD, Braunstein J, Levien M, Sabio H
(c/o Sabio) Box 386, Univ. Virginia Sch. Medicine, Charlottesville, VA, 22908
Va Med; 109(2):102 1982

Use of jet anesthesia to minimize the pain and discomfort associated with bone marrow aspirations and lumbar punctures in a pediatric oncology unit is reported. Among 359 procedures performed, no infections were noted and 137 lumbar punctures were performed without complications. Patients and family accepted the procedure well. Children showed a preference for jet anesthesia; no supplemental infiltration was necessary, and the discomfort associated with intraosseous insertion of the bone marrow needle was significantly diminished. (7 Refs)

8. PERIDURAL BLOCKAGE WITH DEPOT CORTICOIDS IN CANCER PAIN AND RADICULALGIA.

Parietti A, Gallo RE
Hospital 'Fco. J. Muniz', Buenos Aires, Argentina
Rev Argent Anestesiol; 39(3):183-188 1981

Peridural blockage with depot corticoids was performed in 19 patients with different pathologies. Nine had radiculopathy, 8 neoplastic disease, and 2 other type of disease. Of the eight cancer patients, three had cancer of pancreatic head (CPH), three cancer of colon (CC: 2 with metastases in spinal column and 1 with psoas compression), and two endometrial cancer (EC) with immobile pelvis. Physiopathology and pharmacology were discussed. The method and technique used were described in detail. Different corticoids were administered, starting with hydrocortisone hemisuccinate (5 ml of 5% soln) and following with methyl prednisolone (80 mg/8 ml). The last soln was repeated 24 hr later and every 7 days, if necessary. Three patients with CPH, two with CC and and one with EC had complete relief, one patient with CC and one with EC had partial relief. One patient with CC associated with psoas compression was followed up for 20 mo. (3 Refs) (In SPA)

9. NEUROSURGICAL CONTROL OF PAIN IN CANCER PATIENTS.

Garrido E, Bucheit W
Dept. Neurosurgery, Temple Univ. Sch. Medicine, Philadelphia, PA
Pa Med; 85(1):25,26,28 1982

Cancer patients whose severe pain is refractory to specific cancer therapy should be considered for neurosurgical intervention before they are so debilitated as to be high-risk surgical patients. Anterolateral cordotomy is indicated for the relief of pain associated with cancers below shoulder level. Unilateral cordotomy relieves pain in 75-80% of patients. Bilateral cordotomy, indicated for painful abdominal or pelvic cancers, carries a much higher morbidity and mortality risk than unilateral cordotomy. Dorsal rhizotomy (unilateral or bilateral) is indicated for cancer pain limited to a small area of the neck, chest, or abdominal wall; it should not be performed when the pain involves an extremity, because the sensory denervation of the affected limb renders the limb useless. Good results have been reported in 30-70% of patients after dorsal rhizotomy. Pain control in the head and neck may be achieved by rhizotomy of the cranial nerves, with good results in about 70% of patients. Bilaterally situated pain in the head and neck is difficult to relieve by this procedure. Pain caused by breast or prostatic cancer is treated by neurosurgical means directed against the tumor, not the locus of the pain. Transsphenoidal hypophysectomy can relieve pain in about 75% of patients, whether or not their tumors have regressed in response to this or other endocrine manipulations. Postoperative cortisone and thyroid hormone replacement is mandatory. Neurosurgeons consider patients with pain syndromes caused by cancer as suitable candidates for these procedures, because of their limited life expectancies. Patients with chronic pain of benign or origin are usually not considered for neurosurgical procedures, because they often have altered personalities or compensation gains which play an important role in their pain syndromes. (17 Refs)

10. EXTERNAL BEAM RADIOTHERAPY FOR PALLIATION OF PAIN FROM METASTATIC CARCINOMA OF THE PROSTATE.

Benson RC, Hasan SM, Jones AG, Schlise S
Dept. Urology, Mayo Clinic, Rochester, MN, 55905
J Urol; 127(1):69-71 1982

Radiotherapy often is used for palliation of bone pain from metastatic cancer of the prostate, but an objective evaluation of its efficacy in a large series of patients is unavailable. We report the results of external beam irradiation in 62 patients who had bone pain secondary to stage D carcinoma of the prostate. The variables used to judge pain before and after radiotherapy included subjective evaluation of pain, status of activity and quantitation of analgesic use. Complete relief of pain was achieved in 26 patients (42%), partial relief in 22 (35%), and no relief in 14 (23%). On the basis of our experience, external beam irradiation is useful palliative therapy for pain from metastatic cancer of the prostate. (Author abstract) (7 Refs)

11. RADIOACTIVE SUBSTANCES (32P AND 89SR) IN TREATMENT OF PAIN IN CASES OF OSSEOUS METASTASES.

Flamm J, Burkert S
Urologische Abteilung, Wilheminenspital der Stadt Wien, Montleartstrasse 37, A-1171 Wien, Austria
Z Urol Nephrol; 74(11):801-806 1981

Twenty-two patients (21 men, av age 69.8 yr and 1 woman, age 76 yr) with pain due to inoperable osseous metastases (OM) were treated with radioactive compounds. OM originated from prostatic carcinoma (PC) in all of the men and from carcinoma of the renal pelvis in the woman. Four patients received 32P (3 mCi iv 3x at 2-wk intervals); 18 patients received 89Sr (single dose of 1 mCi iv). Of PC cases, 3 were tumor Stage T3, 13 were Stage T4 without lymph node metastases (LNM), and 5 were Stage T4 with LNM; 7 were differentiated adenocarcinoma, 9 were undifferentiated adenocarcinoma, and 5 were solid anaplastic tumors. The most common locations of OM were the spinal column (29 OM), pelvis (15 OM), and ribs and sternum (13 OM); two cases involved the entire skeletal system. All patients had been pretreated with estradurin, progynon, or honvan. Reduction of pain was achieved by 32P in 2/4 cases, including complete elimination of pain in 1 case. Reduction of pain was achieved by 89Sr in 8/10 cases, including complete elimination of pain in 4 cases. Overall response rate to radioactive compounds was 46%. Use of 32P or 89Sr for relief of pain due to OM is recommended. (13 Refs) (In GER)

PSYCHO-SOCIAL ASPECTS OF

REHABILITATION

12. BETA-ENDORPHIN IMMUNOREACTIVITY AND ACUTE BEHAVIORAL DISTRESS IN CHILDREN WITH LEUKEMIA.

Katz ER, Sharp B, Kellerman J, Marston AR, Hershman JM, Siegel SE
Psychosocial Program, Div. Hematology-Oncology, Children's Hosp. Los Angeles, 4650 Sunset Blvd., Los Angeles, CA, 90027
J Nerv Ment Dis; 170(2):72-77 1982

Beta-endorphin immunoreactivity (b-EPI) was measured by radioimmunoassay in 75 children (64% male, 36% female; aged 8 mo to 18 yr 4 mo) undergoing routine lumbar puncture (LP). Values were related to four measures of behavioral distress taken during the procedure: distress behavior, the nurse's rating of overall anxiety, and in children over 4 yr old, the Fear and Pain Self-Report. Children aged 4-5 yr 11 mo had significantly higher b-EPI than other age groups. b-EPI negatively correlated to age in children 4-yr-old or above, with the strongest correlation in children 4-10 yr 11 mo. L-Asparaginase was associated with a significant difference in b-EPI, and males had higher b-EPI than females. Scores of all four behavioral indices decreased with increasing age. Prednisone was associated with significant differences in behavioral measures. In children more than 4-yr-old, b-EPI and behavior stress were inversely correlated with age. Nurse rating correlated significantly with b-EPI. Females had significantly lower b-EPI than males and exhibited greater stress, although not significantly. Thus, cerebrospinal fluid b-EPI is reactive to acute behavioral distress and its secretion is associated with the experience of acute distress. (45 Refs)

13. THE TRULY CURED CHILD: THE REALISTIC AND NECESSARY GOAL IN PEDIATRIC ONCOLOGY.

van Eys J
Dept. Pediatrics, Univ. Texas System Cancer Center, M. D. Anderson Hosp. and Tumor Inst., Houston, TX
Living with Childhood Cancer. Spinetta JJand Deasy-Spinetta P, ed. St. Louis, The C. V. Mosby Company, 279 pp., 1981.

Adult myths associated with cancer and their effects on the biological and psychological cure of cancer in children are discussed. Myths include the consideration of cancer as incurable o r invincible, as a scourge, or as a multitude of diseases. The duty of the health care team to prepare patients psychologically, educationally, and socially for cure is described. A reality of cancer should be developed which allows the child with cancer to develop normally and on par with peers, with, not in spite of, cancer. The setting of cancer care is considered in relation to the helper and the helped and the community and the individual. (10 Refs)

14. THE PARENTS OF THE CHILD WITH CANCER. A VIEW FROM THOSE WHO SUFFER MOST.

McQuown L
Div. Pediatric Hematology/Oncology, Univ. California, San Diego, Sch. Medicine, San Diego, CA
Living with Childhood Cancer. Spinetta JJand Deasy-Spinetta P, ed. St. Louis, The C. V. Mosby Company, 279 pp., 1981.

Topics discussed by parents of children with cancer include the following: sense of loss of control over certain situations during periods of hospitalization; communication of diagnosis to the child, effects of child's illness on parent's relationship with spouse, children, relatives, and friends, importance of total biological, psychological, emotional and social cure, importance of establishing a normal life as possible within the confines of diagnosis, effects of nonmedical financial aspects of the illness on the family, discontinuation of cancer treatment, and home care of the dying child. (no Refs)

15. THE SIBLING OF THE CHILD WITH CANCER.

Spinetta JJ
Childhood Adaptation Project, Dept. Psychology, San Diego State Univ., San Diego, CA
Living with Childhood Cancer. Spinetta JJand Deasy-Spinetta P, ed. St. Louis, The C. V. Mosby Company, 279 pp., 1981.

A 3-yr study on siblings of children with cancer was conducted which focused on the sibling in the context of the family system. Although the siblings did not fare worse than the patients in many of the items, they did do so on items of central concern. Not only did siblings score at significantly lower levels of overall adaptation on the criterion measures, they also scored at lower levels of adaptation in specific tasks and in response to individual tests. The sibling also did poorly in response to the Kinetic Family Drawings. Other measures also indicated that the siblings' needs were not being met, especially when parental support was focused on urgent patient needs. The results supported the hypothesis that siblings suffer at least as much as and probably more than the patients in unattended emotional responses to cancer and the cancer process. (17 Refs)

16. THE SCHOOL AND THE CHILD WITH CANCER.

Deasy-Spinetta P
Childhood Adaptation Project, Dept. Psychology, San Diego State Univ., San Diego, CA
Living with Childhood Cancer. Spinetta JJand Deasy-Spinetta P, ed. St. Louis, The C. V. Mosby Company, 279 pp., 1981.

A 3-yr study of teacher's evaluations of the school performance of children with cancer is summarized and analyzed. Subtle differences were demonstrated between school-aged children with cancer and normal school-aged children without cancer. Problem areas were distinguished from areas without problems. Stress associated with teaching a child with cancer is considered. Differences in problems experienced by primary- and secondary-school children with cancer are considered. Objectives, methods, and goals of a school liaison program designed to work with school personnel who deal with children with cancer are discussed. (17 Refs)

17. COMMUNICATION OF THE CANCER DIAGNOSIS TO PEDIATRIC PATIENTS: IMPACT ON LONG-TERM ADJUSTMENT.

Slavin LA, O'Malley JE, Koocher GP, Foster DJ
(c/o Koocher) Dept. Psychiatry, Children's Hosp. Medical Center, 300 Longwood Ave., Boston, MA, 02115
Am J Psychiatry; 139(2):179-183 1982

The effect in the pediatric cancer patient of knowledge of the diagnosis on later psychosocial adjustment was investigated in 116 long-term survivors of childhood malignancies who were evaluated by both a psychiatrist and a psychologist. Among 48 patients who had been informed early (within 1 yr), 32 showed no significant mental health symptom formation compared to 18/43 who were informed late and 10/23 self informed patients. Moderate to severe symptom formation was seen in 5/23, 4/43, and 4/48, respectively. Early knowledge of cancer diagnosis was related to good psychosocial adjustment. (20 Refs)

18. TALKING WITH CHILDREN WHO HAVE A LIFE-THREATENING ILLNESS.

Spinetta JJ, Deasy-Spinetta P, Koenig HM, Lightsey AL, Schwartz DB, Hartmen GA, Kung FA
Childhood Adaptation Project, Dept. Psychology, San Diego State Univ., San Diego, CA
Living with Childhood Cancer. Spinetta JJand Deasy-Spinetta P, ed. St. Louis, The C. V. Mosby Company, 279 pp., 1981.

Communication between health care professionals and children with life-threatening illness is discussed with consideration for the children's dependence on family and school for growth. Topics are discussed under the following headings: laying the groundwork for communication with a child with a life-threatening illness, taking into consideration the parents' philosophical stance on death, the child's age, experience, and level of development (child's concept of death), the family as a support system, siblings, and spouses; communication between health care professionals and the school, including preparation of the teacher and specific issues relative to school; objections to open communication with a seriously ill child; and how to talk to a seriously ill child about death. (50 Refs)

19. CHILDHOOD CANCER: NONMEDICAL COSTS OF THE ILLNESS.

Cairns NU, Clark GM, Black J, Lansky SB
Univ. Kansas Coll. Health Sciences and Hosp., Kansas City, KS
Living with Childhood Cancer. Spinetta JJand Deasy-Spinetta P, ed. St. Louis, Th e C. V. Mosby Company, 279 pp., 1981.

Seventy families of children under treatment for cancer completed two questionnaires (weekly nonmedical expenditures related to the child's illness and the patient's hospital status) to determine nonmedical expenses. The median weekly total expenses were 39.70 dollars. The largest categories of expenses were transportation, food, and miscellaneous. Level of care, performance status, family size, and distance from hospital accounted for approx 47% of the large variability of the total expenses among families. The results indicated that nonmedical expenses associated with pediatric cancer are sizable and can represent a significant precentage of a family's total budget. (16 Refs)

20. THE KINETIC FAMILY DRAWING IN CHILDHOOD CANCER. A REVISED APPLICATION OF AN AGE-INDEPENDENT MEASURE.

Spinetta JJ, McLaren HH, Fox RW, Sparta SN
Childhood Adaptation Project, Dept. Psychology, San Diego State Univ., San Diego, CA
Living with Childhood Cancer. Spinetta JJand Deasy-Spinetta P, ed. St. Louis, The C. V. Mosby Company, 279 pp., 1981.

The Kinetic Family Drawing (KFD) scoring system was revised (KFD-R), adapted, and applied in a specific and limited manner to a population of children with cancer, their siblings, and their parents in a longitudinal series of administrations as a supplementary measure of attitudes and responses relative to the cancer experience. The scoring system was made as conservative as possible. The results of the analyses indicated that the goals regarding instrument development were attained. The correlation matrix demonstrated the internal consistency of the instrument. The KFD-R resulted in scores that correlated specific independently derived criterion measures. Not only did the family members as a group attain scores on the KFD-R that correlated with the Family Adjustment Scale measurement, but each of the groups of family members scored in a manner consistent with their individual levels of adjustment on the criterion measures as judged by the members of the health care team. Only the mother did not score at differentiated levels on any of the KDF-R scores, relative to criterion measures. Responses indicated that patients, siblings, and mothers fared about the same; fathers showed significantly less adaptive levels of functioning. Disease-related variables affected the KFD-R scores. Appendices include the negatively valenced KFD-R scoring system, instruction for KFD-R scoring system, detailed analysis of the KFD-R scoring system as applied to a representative drawing, and examples of the KFD-R scoring system as applied to 12 representative drawings. (19 Refs)

21. HOME CARE FOR THE DYING CHILD. LIVING TO THE END.

Martinson IM

Univ. Minnesota Sch. Nursing, Minneapolis, MN

Living with Childhood Cancer. Spinetta JJand Deasy-Spinetta P, ed. St. Louis, Th e C. V. Mosby Company, 279 pp., 1981.

The feasibility and desirability of a home care alternative to hospitalization for children dying of cancer was examined among 58 children. Parameters considered included research design, criteria for referral, reasons for final hospitalization, demographic variables, characteristics of nurses and other health care professionals, cost effectiveness of home care, parental and patient satisfaction with home care, and continued implementation. (9 Refs)

22. SUPPORTIVE AND CONCRETE SERVICES FOR TEENAGE ONCOLOGY PATIENTS.

Lang PA, Mitrowski CA

Roswell Park Memorial Inst., Buffalo, NY

Health Soc Work; 6(4):42-45 1981

The role of social workers in serving the special needs of teenage oncology patients is discussed. A case study in a 19-yr-old female patient is presented. An Adolescent Unit is described which meets the needs of teenage patients who formerly were housed either with small children and babies or with adults. (13 Refs)

23. REHABILITATION OF BREAST CANCER PATIENTS.

Moiseenko VM

N. N. Petrov Res. Inst. Oncology, Leningrad, USSR

Vopr Onkol; 27(11):79-87 1981

Rehabilitation of breast cancer patients is discussed with special emphasis on the quality of life after radical treatment. Medical rehabilitation of breast cancer patients includes preoperative psychological counseling, radical mastectomy, and prophylaxis of postoperative complications. Prophylaxis of lymphorrhea and marginal necrosis consists of wound drainage and control of the blood supply of the skin graft. The patients with contracture of the shoulder joint should receive physical therapy. Treatment of intraoperative or radiation-induced nerve injuries consists of electrostimulation in combination with physical therapy. Social rehabilitation of breast cancer patients include evaluation of the working ability, treatment of depressions, and reconstructive surgery. (84 Refs) (In RUS)

24. THE ROLE OF SUPPORT IN RELATION TO RECOVERY FROM BREAST SURGERY.

Funch DP, Mettlin C

Program Epidemiology and Biostatistics, Fred Hutchinson Cancer Res. Center, 1124 Columbia, Seattle, WA, 98104

Soc Sci Med [Med Sociol]; 16(1):91-98 1982

This epidemiological study was intended to extend to breast cancer, treatments published in the literature for other types of cancer and other disease. The subjects were 151 females from western N. Y. state, 3-12 mo post-mastectomy (no metastases), average age 59.5 yr (29-92 yr old). Physical recovery and psychological adjustment were separately correlated by multiple regression analysis with a social support scale (patient subjective), a professional support scale (satisfaction with response to questions put to physicians, etc), a financial support scale (income and insurance coverage), and a set of control variables: age, education, past health status, disease stage, mastectomy type, presence of adjunct therapy, elapsed time postsurgery, and life stress following and unrelated to surgery. Physical recovery - assessed by surgical complications, general health problems, restrictions on mobility, resumption of activities, perceived recovery - was positively correlated only with financial support (p less than 0.001) and past health status (p less than 0.01). Psychological adjustment - assessed by Bradburn's Psychological Well-Being Scale - was correlated with social (p less than 0.01) and professional support (p less than 0.05), and likewise, past health status (p less than 0.01). Even with results generally in agreement with the other, less well controlled studies, caution was made against their generalization to other cancer or other disease. (34 Refs)

25. THE BIOLOGICAL CORRELATES OF PSYCHOLOGICAL RESPONSES TO BREAST CANCER.

Pettingale KW, Philalithis A, Tee DE, Greer HS

The Faith Courtauld Unit for Human Studies in Cancer, King's Coll. Hosp. Medical Sch., Denmark Hill, London SE5, England

J Psychosom Res; 25(5):453-458 1981

Results of responses in breast cancer (BC) patients, correlations between biological measures, made pre-operatively and concurrently with the psychological assessment are presented and the implications are discussed. Sixty-nine consecutive women with BC were recruited to the study, 6 were excluded because they did not attend the follow-up examination and 1 because her psychological response was uncertain. No statistically significant associations were observed between the four psychological response groups (denial, fighting spirit, stoic acceptance, helpless/hopeless) and any of the various biological measures studied pre-operatively. At 3 mo post-operatively patients in the denial response group had significantly higher levels of serum IgM then either patients with a fighting spirit or stoic acceptance type of response. Patients in the fighting spirit group had significantly lower levels of serum IgM than patients who showed stoic acceptance. No statistically significant associations were observed between psychological response and lymphocyte transformation to phytohemagglutinin performed at 3 mo post-operatively. Mechanisms by which such immunoglobulin changes could influence survival in cancer remain hypothetical. A greater understanding of the neuroendocrine control of the immune system and much more sophisticated measurements are needed. (23 Refs)

26. EFFECT OF AUDIOVISUAL CANCER PROGRAMS ON PATIENTS AND FAMILIES.

Cassileth BR, Heiberger RM, March V, Sutton-Smith K

Div. Human Resources Res., Univ. Pennsylvania Cancer Center, Univ. Pennsylvania Sch. Medicine, Philadelphia, PA

J Med Educ; 57(1):54-59 1982

Four new audiovisual programs about cancer and cancer treatment were evaluated. A total of 240 cancer patients, their families, and their friends were asked to complete self-report questionnaires before and after watching a program to determine the effects of the program on their knowledge of cancer, anxiety levels, and perceived ability to communicate with the staff. Education and race were the only demographic or medical variables that contributed to knowledge scores. Patients' anxiety levels were significantly lower than those of families. Neither anxiety nor knowledge was a function of time from diagnosis. This study demonstrates that audiovisual programs can effectively increase patients' understanding of their disease, decrease anxiety, and facilitate communication with staff. (Author abstract) (8 Refs)

27. EFFECTS OF COUNSELING FOR LATE STATE CANCER PATIENTS.

Linn MW, Linn BS, Harris R

Veterans Admin. Medical Center, Univ. Miami Sch. Medicine, Miami, FL

Cancer; 49(5):1048-1055 1982

Much has been written about working with the dying. Few, if any, controlled studies have examined the application of principles set forth. The authors evaluate the effectiveness of working with dying cancer patients by assessing changes in quality of life, physical functioning, and survival. One-hundred twenty men with end-stage cancer were randomly assigned to experimental or control groups; the 62 experimental group patients were seen regularly by a counselor. Patients were assessed before random assignment and at 1, 3, 6, 9, and 12 mo on quality of life and functional status. Experimental group patients improved significantly more than the control group on quality of life within 3 mo. Functional status and survival did not differ between groups. A subsample of lung cancer patients provided cross-validation of findings. Although survival was not expected to differ, it was predicted that functioning would be enhanced if quality of life improved. One interpretation is that little can be done to alter physical function and survival when intervention occurs late in the progression of a fatal disease. This in no way reduces the value of improving overall quality of life, since enhancing the quality of survival for end-stage cancer patients is a high priority medical goal. (Author abstract) (20 Refs)

28. SHARING OR WITHHOLDING AWARENESS OF DYING BETWEEN HUSBAND AND WIFE.

Hinton J

Academic Dept. Psychiatry, Middlesex Hosp. Medical Sch., London W1P 8AA, England

J Psychosom Res; 25(5):337-343 1981

During an investigation of different ways of caring for people with terminal cancer, patients were assessed for their awareness that they were dying. The study focuses on the interaction between husband and wife. Some of the patients aware that they could be dying shared their awareness only with their spouse, while others said little or nothing to each other. (3 Refs)

29. WHY PATIENTS SEEK UNPROVEN CANCER REMEDIES: A PSYCHOLOGICAL PERSPECTIVE.

Holland JC
Dept. Neurology, Memorial Sloan-Kettering Cancer Center, New York, NY
CA; 32(1):10-14 1982

Social and psychological factors that encourage patients with cancer to forego recommended clinical regimes are discussed. The common qualities of unproven remedies that attract patients and their families are pointed out, and approaches for the physician to use in countering exaggerated claims are suggested. Treatment in a clinical trial is suggested as an alternative which may both educate the patient about the merits of a scientific approach and offer therapeutic advantages over more usual therapy. (11 Refs)

NUTRITIONAL EVALUATION AND SUPPORT

30. CANCER CHEMOTHERAPY-INDUCED LACTOSE MALABSORPTION IN CHILDREN.

Hyams JS, Batrus CL, Grand RJ, Sallan SE
(c/o Grand), Children's Hosp. Medical Center, 300 Longwood Ave., Boston, MA, 02115
Cancer; 49(4):646-650 1982

To determine whether lactose malabsorption can be induced in children receiving cancer chemotherapy, lactose breath hydrogen tests (LBHT) were performed on 27 patients (ages 2 mo to 16 10/12 yr, mean 4 3/12 yr) with neoplastic disease. Nine patients had an LBHT before their first course of chemotherapy and then 7-26 days afterwards. Eighteen other patients, less than 5 yr old and presumed by virtue of age to be normal lactose absorbers, had an LBHT 7-24 days after their last course of chemotherapy. All nine in the first group had a normal LBHT before chemotherapy, and three had an abnormal LBHT 7-21 days later. Six of eighteen patients in the second group had an abnormal LBHT. Of the nine patients with an abnormal LBHT, six had a history of diarrhea associated with chemotherapy. These findings have important implications for children receiving cancer chemotherapy. High-calorie, milk-containing solutions used in nutritional support may precipitate cramps and diarrhea in some of these patients. A therapeutic trial of a low lactose diet in children in whom diarrhea develops during chemotherapy may be indicated. (Author abstract) (20 Refs)

31. LONG-TERM HYPERALIMENTATION IN CHILDREN THROUGH SAPHENOUS CENTRAL VENOUS CATHETERIZATION.

Fonkalsrud EW, Berquist W, Burke M, Ament ME
Dept. Surgery, Univ. California Los Angeles Sch. Medicine, Los Angeles, CA, 90024
Am J Surg; 143(2):209-211 1982

During a 3.5 yr period, 151 Silastic central venous catheters were inserted into the inferior vena cava through the saphenous vein in 132 children younger than age 19 yr at UCLA Hosp. The major indications for catheter insertion included inflammatory bowel disease, cancer or bone marrow transplantation bowel disease, cancer or bone marrow transplantation, and short bowel syndrome. The 151 catheters were used for a total of 13,288 days of fluid administration (mean 88 days). Complications requiring removal of the catheter occurred in 31 patients, but there were no deaths attributable to complications from the catheters. The total incidence of complications was one per 225 days of catheter use, less than that occurring in catheters placed in the external jugular and cephalic veins in young children in our hospital. The ease of insertion, the low complication rate and the simplicity of patient management when catheters are placed into the vena cava through the saphenous vein appear to make this an optimal site for administering parenteral nutrition in infants and children. (Author abstract) (3 Refs)

32. COMPARATIVE STUDIES ON NEW METHODS OF ALIMENTATION OF GASTRECTOMIZED PATIENTS.

Bojanowicz K, Ciesielski L

Klinika Gastroenterologiczna, IMW AM, ul. Rewolucji 1905 r. 76 m 1, 90-223 Lodz, Poland

Pol Przegl Chir; 53(5):387-393 1981

The effectiveness of conventional and intraintestinal alimentation by means of a gastric tube was studied in 50 patients subjected to partial gastrectomy, including 5 for gastric carcinoma. The patients fed intraintestinally received Portagen nutrient mixture with large amounts of medium-chain triglycerides or the synthetic nutrient BSDa enriched with amino acids. The weight loss of the patients fed intraintestinally was significantly lower and the serum protein significantly higher 7 days after surgery than in the patients fed in the conventional manner. (10 Refs) (In POL)

33. SIGNIFICANCE OF VITAMIN A AND VITAMIN-A-DERIVATIVES (RETINOIDS) IN ONCOLOGIC THERAPY.

Weber W, Hartmann D, Obrecht JP

Abt. f. Onkologie, Kantonsspital, Departement f. Innere Medizin, CH-4031 Basel, Switzerland

MMW; 124(2):29-31 1982

The relationship between cancer and vitamin A treatment is discussed with regard to historical perspectives and current considerations. The development of vitamin A analogs and derivatives (eg, retinoids) in an attempt to reduce the toxicity associated with vitamin A therapy is described. Clinical studies of retinoids in cancer prevention and treatment are noted. Preventive studies have shown that retinoids retard the development of skin tumors in high-risk patients and reverse bronchial metaplasia in heavy smokers. Therapeutic studies have shown that retinoids are effective in the treatment of basal cell and squamous carcinoma. (25 Refs) (In GER)

34. VITAMIN C AND CANCER.

Gallmeier WM

5. Med. Klinik, Klinikum der Stadt Nurnberg, Flurstrasse 17, D-8500 Nurnberg, W. Germany

MMW; 124(2):31-32 1982

The potential use of vitamin C in the treatment of cancer is discussed. Experimental results that suggested a role for this vitamin in cancer development and therapy are summarized. Vitamin C and cancer in humans is discussed with regard to equivocal results thus far obtained in clinical trials. Secondary effects of the administration of high doses of this vitamin are outlined. It is concluded that controlled, clinical trials should be designed to establish the nature of the relationship between vitamin C and cancer. (2 Refs) (In GER)

NURSING CARE

35. NURSING'S CONTRIBUTION TO CASE FINDING AND THE EARLY DETECTION OF CANCER.

Frank-Stromborg M
Sch. Nursing, Northern Illinois Univ., DeKalb, IL
Cancer Nursing. Marino LB, ed. St. Louis, The C. V. Mosby Company, 635 pp., 1981.

Early detection of cancer in the asymptomatic patient by the nurse can be achieved by palpation, inspection, percussion, and auscultation. Methods of detecting commonly occurring cancers are discussed. Risk factors and nursing interventions are described for oral, skin, thyroid, breast, lung, prostate, colorectal, bladder, gastric, testicular, and gynecologic cancers, and leukemia. (285 Refs)

36. SAFETY PROBLEMS ENCOUNTERED BY CLIENTS WITH BRAIN TUMORS.

Moore P
Montefiore Hosp., Pittsburgh, PA
Cancer Nursing. Marino LB, ed. St. Louis, The C. V. Mosby Company, 635 pp., 1981.

Incidence, signs and symptoms, diagnosis, and treatment of malignant brain tumors are reviewed and problems threatening the physical and psychological safety of the patient are considered. Patients with brain tumors may experience mental status changes, motor and sensory function changes, side effects and complications of treatment, appearance changes, role changes and isolation. The case of a 27-yr-old woman with a glioblastoma multiforme is presented. (24 Refs)

37. KID-GLOVE CARE IN PHEOCHROMOCYTOMA.

Jones SG
Mount Sinai Medical Center of Greater Miami, Miami, FL
RN; 45(2):67-68,70,72,74 1982

Care during treatment for pheochromocytoma is discussed. Patients facing adrenalectomy require minimal physical and emotional stimulation, max rest, careful monitoring of blood pressure (BP), and standby medication for any episodes of paroxysmal hypertension. After an episode, patients must be watched for signs of renal or congestive heart failure. During and for 3 days before the 24-hr urine collection for vanillylmandelic acid assay, the patient must be off medication and the diet must exclude coffee, tea, chocolate, vanilla, or bananas. BP and other vital signs must be monitored every 4 hr. The nurse should consult with the patient about his usual daily routine and should plan a schedule that allows a rest period every 3-4 hr. The nurse should warn the patient of any medication that can cause orthostatic hypotension. A high risk of fluctuating BP exists during surgery. The greatest postoperative risks are shock and hemorrhage. The patient should resume normal activity and a normal diet as soon as possible. Glucocorticoid replacement (prednisone) after unilateral adrenalectomy is continued until compensatory hype rtrophy of the other adrenal provides an adequate glucocorticoid supply. Patients should be given a Medic-Alert tag to wear at all times. Outcome of treatment can be not only prolongation of life but also return to almost full function. (no Refs)

38. CANCER SURGERY - ITS VALUE, CLIENT-FAMILY NEEDS, AND NURSING INTERVENTIONS.

Marino LB
Los Angeles, CA
Cancer Nursing. Marino LB, ed. St. Louis, The C. V. Mosby Company, 635 pp., 1981.

Surgical procedures for treatment of cancer, client needs, and implications for nursing interventions are described. Surgery is used as a diagnostic and staging procedure, for obtaining biopsies, for diagnostic laparotomies and for 'second-look' procedures. Surgery as 'curative' treatment, surgical considerations, the importance of regional lymph nodes, palliative surgery, removal of a solitary metastasis, cytoreductive surgery, removal of obstructions, ablative surgery, surgery for placing chemotherapeutic devices, and neurosurgical management of pain are each discussed. (7 Refs)

39. NURSING CARE OF THE CLIENT RECEIVING TUMOR IMMUNOTHERAPY.

White DS
M. S. Hershey Medical Center, Hershey, PA
Cancer Nursing. Marino LB, ed. St. Louis, The C. V. Mosby Company, 635 pp., 1981.

Immunotherapy for cancer patients is described and the role of nursing care is discussed. Active and passive immunity are reviewed. Immunotherapy agents include BCG, Corynebacterium parvum, levamisole, methanol-extracted residue, and others. Nursing care is discussed with respect to sensitivity to dinitrochlorobenzene and other antigens, administration of immunotherapeutic agents, and control of side effects. (28 Refs)

40. CHEMOTHERAPY AND THE CANCER NURSE.

Hubbard SM
Medical Branch, Clinical Center, NIH, Bethesda, MD
Cancer Nursing. Marino LB, ed. St. Louis, The C. V. Mosby Company, 635 pp., 1981.

The role of the nurse in cancer chemotherapy is discussed with respect to clinical practice, education, and research. Chemotherapy is discussed in detail, including biologic considerations, agents in clinical use, endocrine therapy, drug development and clinical trials, complications of therapy, and research methodology. Nursing roles that have emerged as drug treatment has become more effective are emphasized. (125 Refs)

41. CHANGES IN BODY IMAGE ASSOCIATED WITH HEAD AND NECK CANCER.

Dropkin MJ
Dept. Nursing Res., Memorial Sloan-Kettering Cancer Center, New York, NY
Cancer Nursing. Marino LB, ed. St. Louis, The C. V. Mosby Company, 635 pp., 1981.

Nursing intervention for changes in body image of the patient with head and neck cancer is described. Body image is a perceptual homeostasis. The head and neck have great significance on body image and cancer of this region can have a devastating effect on such an image. Adaptation through altera tion of body image with head and neck cancer can aid the patient in maintaining an optimal quality of life and prevent social reclusiveness or isolation. Physiologic alterations in cancer of the larynx are described and a case history is presented. (65 Refs)

42. NUTRITIONAL PROBLEMS IN CLIENTS HAVING GASTROINTESTINAL CANCER.

Cullen PP
Dept. Nursing, Univ. Chicago Hospitals and Clinics, Chicago, IL
Cancer Nursing. Marino LB, ed. St. Louis, The C. V. Mosby Company, 635 pp., 1981.

The role of the nurse in dealing with nutritional problems of patients with gastrointestinal (GI) cancer is discussed. GI cancers are reviewed and three distinct phases of metastatic GI cancer are described. Emotional aspects associated with cancer are discussed. Nutritional problems include cachexia and anorexia associated with the disease itself or with its treatment. Assessment and identification of nutritional problems are discussed and guidelines for nursing care with respect to oral and tube feedings, and parenteral nutrition are presented. (16 Refs)

43. INFECTION CONTROL IN CLIENTS WITH ACUTE LEUKEMIA.

Bates MD, Orton MB
Univ. Texas System Cancer Center, M. D. Anderson Hosp. and Tumor Inst., Houston, TX
Cancer Nursing. Marino LB, ed. St. Louis, The C. V. Mosby Company, 635 pp., 1981.

The nurse's role in controlling infection in patients with acute leukemia is discussed. Incidence, pathophysiology, clinical presentation, treatment and management of complications of acute leukemia are each reviewed. Causes, symptoms, organisms involved, treatment, and prophylaxis of infections in such patients are reviewed and nursing interventions are described including the use of isolation and the protected environment. The case of a 24-yr-old man with acute myelogenous leukemia is presented. (25 Refs)

44. NURSE-COORDINATED CARE OF THE CHILD WITH ADVANCED CANCER.

Martinson IM
Sch. Nursing, Univ. Minnesota, Minneapolis, MN
Cancer Nursing. Marino LB, ed. St. Louis, The C. V. Mosby Company, 635 pp., 1981.

Nursing care of the child with advanced cancer is reviewed. Hospice care provides a home care program for dying patients and an inpatient facility for those who cannot remain at home. The Home Care for the Child with Cancer Project demonstrated that care for dying children was in the scope of nursing practice, with the physician for backup and consultation. Clinical implications of the success of the project are discussed. (11 Refs)

45. FEMALE SEXUALITY AND GYNECOLOGIC CANCER.

Saunders SE
Nursing Service, Univ. Wisconsin for Health Services, Madison, WI
Cancer Nursing. Marino LB, ed. St. Louis, The C. V. Mosby Company, 635 pp., 1981.

Sexual dysfunction in the woman with gynecologic cancer is described and nursing interventions in such cases are proposed. Sexuality is discussed with respect to body image, sexuality components and the assault of cancer on sexuality. Cancer treatment can drastically alter sexual activity. Considerations for sexual rehabilitation involve a sense of wholeness, desirability, and individuality. (12 Refs)

46. SEXUALITY AND GYNECOLOGIC CANCER.

Jusenius K
Div. Gynecologic Oncology, Dept. OB-GYN, Univ. Washington, Seattle, WA
Cancer Nurs; 4(6):479-484 1981

This paper describes the interrelationship between sexuality and gynecologic cancer, reviews specific treatment effects on the woman's sexuality, and reinforces the importance of the nurse's role in assisting sexual rehabilitation of women with gynecologic cancer (Author abstract) (25 Refs)

47. MALE SEXUALITY AND GENITOURINARY CANCER.

Houston GR, Rodriguez D
Univ. Texas System Cancer Center, M. D. Anderson Hosp. and Tumor Inst., Houston, TX
Cancer Nursing. Marino LB, ed. St. Louis, The C. V. Mosby Company, 635 pp., 1981.

Nursing care of clients with cancer of the genitourinary system, including prostate, bladder, kidney, testes, and penis is reviewed. Pathophysiology of these conditions and treatment modalities are described. Sexual dysfunction in these patients and the role of the nurse in dealing with such problems is discussed. Stomal care is illustrated by the case of a 58-yr-old man with bladder cancer that was treated by surgery. (23 Refs)

48. THE NURSING MANAGEMENT OF PAIN.

Jacox AK, Rogers AG
Sch. Nursing, Univ. Maryland, Baltimore, MD
Cancer Nursing. Marino LB, ed. St. Louis, The C. V. Mosby Company, 635 pp., 1981.

Kinds of pain associated with cancer and cancer treatment and management of such pain are discussed. Causes of cancer pain are reviewed and assessment of such pain is described. Interventions for controlling pain include interruption of pain pathways, cordotomies, acupuncture, use of a transcutaneous nerve stimulator, central gray stimulation, and analgesics. Psychosocially based interventions may be directed at cure of the cancer itself or at alleviation of symptoms produced by the cancer or its treatment. (50 Refs)

49. CANCER, HYPOALBUMINEMIA, AND NUTRITION.

Maxwell MB
Oregon Health Sciences Univ., Portland, OR
Cancer Nurs; 4(6):451-458 1981

In order to understand why hypoalbuminemia is common in advanced cancer and what causes it, the role of albumin in health and disease is explored. Malnutrition/hypoalbuminemia as a consequence of starvation, stress, and cancer cachexia are contrasted. Cancer-related hypoalbuminemia has been thought to be directly related to the patient's malnutrition. Other obscure tumor-related factors are probably also involved. Hypoalbuminemia in advanced cancer is usually irreversible by ordinary dietary means. In cases where treatment has failed, there may be patient/family problems centering around food. Being realistic, patient autonomy in making decisions about nutrition is advocated. (Author abstract) (52 Refs)

50. THE SPECTRUM OF CARE FOR CLIENTS WITH CANCER.

Marino LB
Los Angeles, CA
Cancer Nursing. Marino LB, ed. St. Louis, The C. V. Mosby Company, 635 pp., 1981.

Thirteen major needs common to patients with cancer are listed. Four global needs are comfort, information gathering, morbidity, and coping. Specific needs include prevention and early detection, growth and development, nutrition, infection control, sexuality, changes in body image, elimination, safety, and oxygenation. The nurse must be aware of these needs in order to adequately assess clients. (1 Ref)

51. SYSTEMATIC MISPERCEPTION: ONCOLOGY PATIENTS SELF-REPORTED AFFECTIVE STATES AND THEIR CARE-GIVERS' PERCEPTIONS.

Jennings BM, Muhlenkamp AF
Tripler Army Medical Center, Honolulu, HI
Cancer Nurs; 4(6):485-489 1981

Care-givers frequently misperceive how patients feel but no systematic studies have been found which show whether they accentuate or minimize the patient's feelings. The purpose of this study was to determine whether there was congruence between care-givers' evaluations of oncology patients' levels of anxiety, hostility, and depression, and the oncology patients' self-reported levels of these three affective states. A control hypothesis was also tested by evaluating the patients' levels of denial. Twenty-eight terminally ill hospitalized oncology patients were asked to complete a denial test and the Multiple Adjective Affect Check List (MAACL) which measures levels of anxiety, hostility, and depression. Twenty-eight care-givers who were each familiar with one of the patients were requested to fill out the MAACL as they believed the patient would fill it out. Analysis of variance revealed a statistically significant discrepancy between patient-care-giver paired perceptions for all three affective states (p ranged from 0.01 to 0.001). For each affected state the care-giver rated the patients as feeling considerably worse than the patients themselves reported feeling; correlational procedures ruled out denial as affecting patients' self-reported states. These findings are discussed in light of Wright's requirement of mourning hypothesis, a theoretical formulation that states that care-givers need to see clients as feeling negatively in order to reassure themselves (care-givers) that their value systems, emphasizing health, are intact. Additional selected demographic data on care-givers and patients are discussed and nursing implications are explicated. (Author abstract) (19 Refs)

52. COMMUNICATION APPROACHES TO EFFECTIVE CANCER NURSING CARE.

McCorkle R
Dept. Community Health Care Systems, Univ. Washington, Sch. Nursing, Seattle, WA
Cancer Nursing. Marino LB, ed. St. Louis, The C. V. Mosby Company, 635 pp., 1981.

Basic concepts for establishing a cancer nurse-client relationship are reviewed. The threat of cancer is discussed with respect to delay and awareness, the patient's knowledge of the diagnosis, and attendant uncertainty. Specialized knowledge of the nurse for effective communication with the patient is reviewed. Examples of challenging situations in which the nurse-client relationship was particularly important are presented. The cancer nurse must use intercommunication to establish and maintain a relationship with clients. (26 Refs)

53. CLIENT EDUCATION: AN INTEGRAL PART OF CANCER NURSING.

Johnson JB, Green MH
North Memorial Medical Center, Minneapolis, MN
Cancer Nursing. Marino LB, ed. St. Louis, The C. V. Mosby Company, 635 pp., 1981.

The role of the nurse in educating cancer patients is described. Client education provides information, reduces anxiety, minimizes the sense of helplessness, and fosters hope. Steps for the development of cancer client education are the identification of educational needs of the client and family, establishment of educational goals, selection of appropriate educational methods, carrying out the educational program, and evaluating results. Educational principles, which summarize the client education process and indicate how integral this process is to cancer nursing practice, are listed. (50 Refs)

54. DEALING WITH OUR OWN GRIEF.

Sovik CA
Univ. Chicago Hospitals and Clinics, Chicago, IL
Cancer Nursing. Marino LB, ed. St. Louis, The C. V. Mosby Company, 635 pp., 1981.

In order to help the terminal cancer patient, the nurse must develop the ability to cope by becoming aware of her own feelings, understanding fears, separating her fears from those of the client and staff, identifying clinical situations that potentiate negative feelings, and establishing support systems for herself. Illustrative clinical situations are presented. (11 Refs)

55. THE PSYCHOSOCIAL CARE OF CANCER CLIENTS AND THEIR FAMILIES: PERIODS OF HIGH RISK.

Marino LB, Kooser JA
Los Angeles, CA
Cancer Nursing. Marino LB, ed. St. Louis, The C. V. Mosby Company, 635 pp., 1981.

The cancer patient should be considered a normal person under severe stress. There are four major periods during which nursing intervention can be helpful to the psychosocial care of the cancer patient and family: prediagnostic, diagnostic, treatment, and end of life. The nurse can counsel the patient and family, manage symptoms, instruct the family in direct patient care, help the family locate other resources, work with other health care professionals and agencies, and provide support and comfort. (11 Refs)

56. A POSTIVE ATTITUDE.

Reed-Ash C
Memorial Sloan-Kettering Cancer Center, New York, NY
Cancer Nurs; 4(6):449 1981

The need for a positive approach to the care of cancer patients to dispel some of the fears associated with the disease is discussed. This fear can become overwhelming and may interfere with rational decisions and prevent some patients from obtaining available help. Fear associated with recent reports on clinical trials are considered in relation to recently diagnosed cancer patients, families of deceased cancer patients, and those patients who have recently decided on a course of cancer treatment. (no Refs)

57. NURSING RESEARCH APPLIED TO CANCER NURSING PRACTICE.

MacVicar MG
Sch. Nursing, Ohio State Univ., Columbus, OH
Cancer Nursing. Marino LB, ed. St. Louis, The C. V. Mosby Company, 635 pp., 1981.

Nursing research is reviewed as it applies to the relationships between the cancer event and family resources and the hardships experienced by the families and their attempts toward coping. The research problem was twofold: identification of problems experienced by families when confronted with a diagnosis of cancer, and identification of factors associated with the family system that were conducive to group survival. The impact of cancer in the male spouse of the family with dependent children was studied. Independent functions of the nurse in cancer cases include continuous family assessment, family education and counseling, and assuming the responsibility of family advocate as the need arises. (20 Refs)

58. BURNOUT: ANTECEDENTS, MANIFESTATIONS, AND SELF-CARE STRATEGIES FOR THE NURSE.

Patrick PK
North Mississippi Medical Center, Tupelo, MS
Cancer Nursing. Marino LB, ed. St. Louis, The C. V. Mosby Company, 635 pp., 1981.

The cancer nurse burnout syndrome is defined, described and analyzed, and prevention and intervention strategies are considered. Unique aspects of cancer nursing that contribute to a higher potential risk of burnout include the nature of the job, environmental factors, and psychologic and social factors. Manifestations of burnout are shifts in attitudes, intensification of defense mechanisms, declines in self-image, decreases in flexibility, and emotional and physical changes. (26 Refs)

59. A CONCEPTUAL FRAMEWORK FOR CANCER NURSING.

Marino LB
Los Angeles, CA
Cancer Nursing. Marino LB, ed. St. Louis, The C. V. Mosby Company, 635 pp., 1981.

A conceptual framework for cancer nursing within the American health care system is described. Major components of this model include the health-disease continuum and adaptation and cancer rehabilitation (preventive, restorative, and palliative). The nurse's role is discussed with respect to cancer prevention and carcinogenesis, cancer detection and diagnosis, promoting better utilization of existing resources, identifying high-risk populations, performing examinations to detect cancer, supporting the client during the diagnostic phase, assisting the client and family in obtaining information, and minimizing treatment-related morbidity. (19 Refs)

60. AN ETHICAL BASIS FOR CANCER NURSING PRACTICE.

Benoliel JQ
Sch. Nursing, Univ. Washington, Dept. Community Health Care Systems, Seattle, WA
Cancer Nursing. Marino LB, ed. St. Louis, The C. V. Mosby Company, 635 pp., 1981.

An ethical basis for cancer nursing practice with the unique human goals and needs of patients as top priority is presented. Rationale for nursing practice as a moral art, conditions that inhibit ethical nursing practice, a conceptual framework for cancer nursing practice, and organizations conductive to ethical decision-making are each discussed. A method or model for ethical decision-making is proposed. (25 Refs)

61. CANCER NURSING.

Marino LB
Los Angeles, CA
Cancer Nursing. St. Louis, The C. V. Mosby Company, 635 pp., 1981.

A comprehensive framework for cancer nursing practice is presented. The biologic, emotional, social, and economic issues operative in cancer health care are reviewed. Suggestions are offered for more effective nursing interventions on behalf of the patient and family and strategies for expanding the nurse's contribution to health care policy-making on local and national levels. The scope, economics, and organizational framework of cancer health care are discussed as they relate to a conceptual framework for cancer nursing. Issues important to the nurse are periods of high risk of psychosocial problems, medical ethics, client education, nursing research, and nursing burnout. Cancer causes, prevention, and early detection are discussed with respect to epidemiology and the contribution of nursing to early detection. Multimodality cancer treatment and its implications on nursing care is reviewed. Components of care of patients with advanced cancer are detailed, including control and comfort, pain management, communication approaches to effective cancer nursing care, dealing with grief, and caring for children with cancer. Major client needs or high-incidence problems in children with cancer and patients with breast cancer, gastrointestinal cancer, acute leukemia, gynecologic cancer, head and neck cancer, brain tumors, and genitourinary cancer are outlined. (984 Refs)

62. STRESS AND CANCER: ETIOLOGICAL SIGNIFICANCE AND IMPLICATIONS.

Carroll RM
Univ. California, Los Angeles, CA
Cancer Nurs; 4(6):467-473 1981

Stress is an unavoidable, yet, in the right doses, a beneficial part of our lives. The role played by stress in the development and progression of cancer is a topic which has been examined by many health professionals. Implications of some of this research and theory for nursing are discussed. One model for viewing the effects of stress on the adult, both before the development of cancer and after its diagnosis is presented. In addition, areas where nurses might devise interventions to reduce stress in patients and in themselves are presented for consideration. (Author abstract) (25 Refs)

63. ANTINEOPLASTIC AGENTS AS POTENTIAL CARCINOGENS: ARE NURSES AND PHARMACISTS AT RISK?

Reich SD
Univ. Massachusetts Medical Center, Worcester, MA
Cancer Nurs; 4(6):500-502 1981

Adverse effects on nurses and pharmacists exposed to antineoplastic drugs are described in relation to problems associated with epidemiological studies, mutagenesis and chromosomal analysis, and clinical studies. No hard evidence seems to suggest that personnel exposed to oncology drugs during the process of preparation and administration have a greater incidence of cancer than the general population. Evidence that these people are in an environment with greater mutagenic potential than other hospital workers is also limited. (21 Refs)

64. CANCER QUACKERY: INFORMATION, ISSUES, RESPONSIBILITY, ACTION.

Patrick PK
North Mississippi Medical Center, Tupelo, MS
Cancer Nursing. Marino LB, ed. St. Louis, The C. V. Mosby Company, 635 pp., 1981.

Major forms of cancer quackery are described and significant issues of the controversy over unproven methods of cancer treatment are discussed. Forms of cancer quackery include machines or devices, chemicals (hoxsey chemotherapy, krebiozen, laetrile), psychic and mystic methods, and nutrition and diets. Why cancer quackery thrives, and the nurse's role when quackery is used, are reviewed. (36 Refs)

65. CANCER CARE AT THE VOLUNTEER LEVEL.

Rovinski CA
Beth Israel Hosp., Passaic, NJ
Cancer Nurs; 4(6):475-477 1981

Volunteers are recognized as vital contributors to hospice care. Frequently, however, their value as a resource is not so readily acknowledged in the acute-care setting. A training program which focuses on cancer care and evolves from the nursing unit's philosophical framework demonstrates how a productive and satisfying liaison between the oncology nurse and the volunteer can be achieved. (Author abstract) (2 Refs)

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SERIES CT20 No. 82/08

AUGUST, 1982

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- PSYCHO-SOCIAL ASPECTS OF REHABILITATION 10-27
- NUTRITIONAL EVALUATION AND SUPPORT 28-37
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PHYSICAL REHABILITATION

1. PAIN RELIEF CLINICS.

Lloyd JW
Pain Relief Unit. Abingdon Hosp., Abingdon, Oxfordshire, England
J R Soc Med; 75(3):151-152 1982

Clinics for the treatment of intractable pain are described. In the Oxford Regional Pain Unit, only 28% of admissions in 1981 were for cancer pain. Pain clinics may be supervised by anesthetists, physicians, or surgeons. Clinics may be open for general referrals or closed, requiring referral from within the hospital concerned. Pain management first requires a thorough assessment of the patient. Pain treatment techniques, including nerve blocks, transcutaneous stimulation, and acupuncture, are influenced by many factors, including the patient's life-expectancy. Pain treatment is improving due to advances in technology and the neurosciences and a growing awareness of the role of pain clinics. (10 Refs)

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2. PAIN AS A PROBLEM TO THE NEUROSURGEON.

Connolly RC
Dept. Neurological Surgery, St. Bartholomew's Hosp., London EC1A 7BE, England
J R Soc Med; 75(3):160-165 1982

Management of pain in conditions not amenable to treatment is discussed. Such conditions include glomus tumor and osteoid osteoma, malignant disease, benign conditions such as injuries to peripheral nerves, and pain of neurotic origin. Analgesic drugs play a large role in control of pain provoked by malignant disease. Other conservative measures include acupuncture, physiotherapy, injections, and manipulations. Surgery may be appropriate in cases of more severe pain and requires consideration of the cause of the pain as well as the personality and background of the patient. (7 Refs)

3. ANALGESIC THERAPY FOR CANCER PATIENTS.

Agenas I, Gustafsson LL, Rane A, Sawe J
Apoteksbolagets huvudkontor, Stockholm, Sweden
Lakartidningen; 79(5):287-289 1982

Recent trends in the use of analgesics in terminally ill cancer patients in Sweden are outlined. The increase in the use of opiates during the period 1975-1980 can be ascribed mainly to morphine and methadone. The consumption of these drugs has increased 10-fold during this period. The use of morphine-like oral preparations combined with cocaine, other analgesics and neuroleptics must be restricted. (11 Refs) (In SWE)

4. EPIDURAL KETAMINE. A PRELIMINARY REPORT.

Mankowitz E, Brock-Utne JG, Cosnett JE, Green-Thompson R
Dept. Anesthetics, Univ. Natal, Durban, South Africa
S Afr Med J; 61(12):441-442 1982

Ketamine hydrochloride 4 mg in 10 ml 5% dextrose water was administered epidurally to seven patients suffering from intractable pain in the back, lower abdomen and legs. Pain relief was obtained in all cases. The duration of action varied from half an hr to more than 6 hr. No adverse side-effects were noted and no detectable neurological damage resulted. Intraspinal ketamine offers an advantage over the opiates, in that respiratory depression is unlikely to occur. (Author abstract) (7 Refs)

5. A REVIEW OF THE IRRADIATED PATIENT: DENTAL TREATMENT CONSIDERATIONS.

Stamps JT, Williams EO, Saunders TR
United States Air Force Hosp./SGD, Tyndall Air Force Base, FL, 32403
Milit Med; 147(3):224-228 1982

The authors have reviewed dental treatment considerations in the irradiated patient prior to, during, and following the radiation exposure. Reflection will show that most of these management techniques are within the realm of competence of any conscientious dentist. The already impaired irradiated patient should not be denied the better quality of life which can be provided by modern dentistry. Our responsibility is not only to well patients, nor should we take the 'cop out' of removing all the patient's teeth prior to irradiation, as was advocated in earlier times. (Author abstract) (22 Refs)

6. TREATMENT OF THE PATIENT WITH EXTENSIVE OSTEORADIONECROSIS OF THE MANDIBLE.

Dolezal RF, Baker SR, Krause CJ
(c/o Baker) Dept. Otolaryngology, Univ. Michigan, Ann Arbor, MI, 48109
Arch Otolaryngol; 108(3):179-183 1982

The management of osteoradionecrosis of the mandible remains controversial. Involvement of large areas of the mandible or the entire mandible with osteoradionecrosis may result in severe functional disability and cosmetic deformity. Pain, trismus, difficulty with speech and eating, and a malodorous wound are all problems that must be corrected. Local forms of therapy may be inadequate in the treatment of extensive osteoradionecrosis, and more aggressive surgical management is required. The extent of surgical intervention depends on the individual case. However, preservation of function and avoidance of disfigurement are important goals in the treatment plan. From both a functional and cosmetic standpoint, surgical management can be effective in achieving satisfactory rehabilitation goals. (Author abstract) (20 Refs)

7. EFFECTS OF A PROSTHETIC TONGUE ON VOWEL INTELLIGIBILITY AND FOOD MANAGEMENT IN A PATIENT WITH TOTAL GLOSSECTOMY.

Leonard R, Gillis R
Dept. Otorhinolaryngology, Univ. California, Davis, 4301 X St., Sacramento, CA, 95817
J Speech Hear Disord; 47(1):25-30 1982

Effects of a prosthetic tongue on vowel intelligibility and food management in a 48-yr-old woman who had undergone total glossectomy are reported. No residual tongue tissue was visible in the oral cavity. Speech therapy was initiated approx 1 mo following surgery and continued throughout an 8-wk radiation course for a period of 10 mo. The prosthesis was fitted 13 mo after surgery. Results of linguistic tests (eg vowel intelligibility studies and listener confusion analysis) showed improvement of speech with the aid of the prosthesis. (8 Refs)

8. A BIFURCATED SILICONE RUBBER STENT FOR RELIEF OF TRACHEOBRONCHIAL OBSTRUCTION.

Westaby S, Jackson JW, Pearson FG
Dept. Surgery, Univ. Alabama, University Station, Birmingham, AL, 35294
J Thorac Cardiovasc Surg; 83(3):414-417 1982

Though the techniques for surgical treatment after postintubation tracheal stenoses are well defined, the management of major airway obstruction by tracheal tumor, external compression, or diffuse intrinsic tracheal disease below the thoracic inlet still presents a difficult problem. Existing methods do not provide safe and effective relief at the level of the distal trachea, carina, and main bronchi. This report describes a bifurcated silicone rubber stent initially designed to preserve patency of the airways in a patient after severe and diffuse scalding injury to the trachea and main bronchi. This stent has since been used to provide relief from airway obstruction by tracheal or mediastinal tumors below the thoracic inlet. The method for insertion by tracheostomy with guide bougies passed under direct bronchoscopic vision past the obstructing lesion is described in detail and illustrated by reference to two patients with tracheobronchial obstruction. Once the tube is in place, the patient breathes normally through the mouth and nose and can speak, cough, or clear his own airway by suction, if necessary. This method has proved a safe and effective means to restore patency of the major airways and provide relief from as-

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phyxia while further treatment is planned or healing ensues. Our initial experience indicates that the tube may be allowed to remain in position for several mo without adverse effects. (Author abstract) (12 Refs)

9. SUBCUTANEOUS MASTECTOMY AND RECONSTRUCTION.

Schrudde J
Abt.f.Plast. Chirurgie d. Univ.-Klinik Koln, Robert-Koch-Str. 10, 5000 Koln 4, W. Germany
Z Plast Chir; 5(4):208-217 1981

A method for sc mastectomy and reconstruction applied in 333 patients is described. Invasive cancer was diagnosed in 9.26% of the cases, 4.44% were carcinoma in situ, and only in 4/40 of those patients was the diagnosis established prior to operation. Specific advantage of the method is that silicone prosthesis were used in only 20.15% of the cases, and the patients were satisfied. A generally restrictive opinion about indications for sc mastectomy should be changed according to the results achieved. (no Refs) (In GER)

PSYCHO-SOCIAL ASPECTS OF REHABILITATION

10. PSYCHOSOCIAL ASPECTS OF ONCOLOGY: CHALLENGES AND PROBLEMS OF RESEARCH IN A RADIOTHERAPY CENTER OF A COMMUNITY HOSPITAL.

Hyland JM, Novotny E, Coyne L
Adult Outpatient Dept., The Menninger Foundation, Box 829, Topeka, KS, 66601
Int J Psychiatry Med; 11(4):341-351 1982

Issues and challenges encountered in the introduction and integration of clinical research designed to assess efficacy of psychosocial services provided to cancer patients in the radiotherapy center of a community hospital are described. The efficacy of counseling techniques in patients with early stage breast cancer receiving radiotherapy was evaluated. Conclusions and recommendations are presented. (14 Refs)

11. STRUCTURE AND FUNCTIONS OF THE HEIDELBERG UNIVERSITY ORGANISATION FOR AFTER-CARE OF CANCER PATIENTS.

Sellschopp A, Ludeke H, Haertel G
Chirurgische Klinik, Klinikum der Universitat Heidelberg, Im Neuenheimer Feld 110, D-6900 Heidelberg, W. Germany
Psychother Psychosom; 36(1):17-23 1981

Structure and function of the after-care (AC) center for cancer patients in Heidelberg are described. AC center was planned as a 5-yr model organization and has existed in its present form for 18 mo. The AC team consists of three clinical psychologists, one doctor, a sociologist, a social worker, and two nurses, who are qualified in various spheres of psychotherapy. The center provide both in-patient and out-patient treatment. The emphasis in in-patient treatment is on team-work in co-operation with the medical and nursing staff on the wards. Activities for the care of oncological in-patient include contacts with patients and relatives, group training for nursing staff, and contacts with doctors. Activities for the care of the out-patient include individual and families interviews, welfare work, and self-help. Difficulties of cytostatic treatment result in a high degree of anxiety, depression, and attempts to run away from the hospital, and at crisis points intervention is necessary. Intensive work with relatives is essential during child's in-patient treatment. Follow-up care is principally concerned with patients who have been transferred to other hospitals for further treatment, drug therapy, or radiotherapy. Unapproachability of the members of the patient's family is another aspect to deal with. Welfare work plays an important part in job rehabilitation, financial help for convalescence, and help with the administrative aspect of obtaining welfare support. Courses are provided for cancer self-help groups in how to lead a discussion, and instruction in basic medical knowledge. (no Refs)

12. THE SOCIAL ORGANIZATION OF TERMINAL CARE IN TWO PEDIATRIC HOSPITALS.

Doka KJ
Graduate Gerontology Program, Coll. New Rochelle, New Rochelle, NY, 10801
OMEGA; 12(4):345-354 1982

The ways in which staff members organized their behavior around critically and terminally ill children in two pediatric hospitals were studied. During the 26-day study period, 11 patients died. Four other patients were defined as terminally ill but did not die during the study period. The staff members negotiated various demands on care according to whether or not they viewed a patient's death as certain or uncertain. Patients whose death was viewed as uncertain had a higher claim on the staff's time. The staff members had less interaction with children whose death was viewed as certain, and required less effort to adjust to an expected death, as compared to the unexpected death of a child whose death had been regarded as uncertain. These strategies were not preconceived plans of action; they emerged as the staff members attempted to negotiate varying demands on their time. The negotiation of information was also an important element in terminal care. The staff members tried to adjust their behaviors to the patient's state of information about the prognosis, but this process was described by one nurse as 'an impossible box'. One hospital's policy was that children were not to be told their prognosis. In the other hospital, this decision was left to the parents. Most of the children were not told, although the staff members often said that most terminally ill children were well aware of their prognosis without being told. The staff members were constrained by the hospital's policy not to tell the child anything, even in response to direct questions. Giving evasive responses in accordance with hospital policy was extremely difficult. (10 Refs)

13. EVALUATION OF STAFF SUPPORT SYSTEM IN A PALLIATIVE CARE UNIT.

Quenneville Y, Falardeau M, Rochette D
Notre-Dame Hosp., 1560, Sherbrooke St. East, Montreal, Quebec H2L 4M1, Canada
OMEGA; 12(4):355-358 1982

Shortly before the opening of a 12-bed palliative care unit for terminally ill patients, 35 newly hired staff members (professional and volunteer) were given a 22-item checklist measuring psychological impairment (Langner's scale). The test was repeated after 3 mo, 6 mo, and 1 yr of work. Staff members had been preselected for openness to new ideas, ability to work as part of a team, a people-oriented (rather than technology-oriented) approach, professional experience (5 yr for nurses), some past experience with dying persons (professional or other), no recent personal bereavement (within 1 yr), and a stable home life with a variety of outside interests. Staff members on all shifts were encouraged to participate in support and discussion groups led by a psychiatrist and a psychiatry resident. The staff members showed no evidence of disturbance at the beginning or the end of the study period, although members worked in a stressful situation. No staff member ever reported disturbing anxiety, depression, or somatic preoccupations. Symptoms reported or detected were usually minor and transient. During yr 1, the rate of absenteeism (8.1%) was lower than in the hospital as a whole (9.5%) or in the chronic care unit (14%), and no staff attrition occurred in the palliative care unit. (8 Refs)

14. HOSPICE: FAMILY CARE FOR CANCER PATIENTS.

Lyons RA
Mount Edgcumbe Hospice, Porthpean Road, St. Austell, Cornwall, England
Ir Med J; 74(9):271-272 1981

The approach of the hospice to the care of cancer patients is discussed with emphasis on control of pain, care of the family, and attention to the quality of life for the patient. Prevention of the return of pain depends on proper choice of drug, the correct dose, and knowledge of its duration of action so that frequency of use can be determined. Duration of action of the common analgesic opiates is given in tabular form. Fixed component mixtures should not be employed. While tolerance does occur sometimes, one study showed that the original correct dose for a patient was seldom exceeded by more than 50%. Removal of physical pain and other physical distress makes the approach to mental, social and spiritual pain easier. Excessive medication is a real fear of patients. If a machine or medication will not improve quality of living, it should not be started, or if does not succeed, it should be stopped immediately. The patient should be assured that he may say no to a treatment without feeling that he will be neglected and offered no alternative. The staff must help those who remain after a patient has died to start a new life secure in the knowledge that the final months or years were full and comfortable, and that they, as family, have not let down their loved ones, nor have they themselves been let down. (no Refs)

15. THE LEUKEMIC CHILD AND MEDICAL INFORMATION.

Sarro L, Luciani S
Agraciada 3681, Montevideo, Uruguay
Arch Pediatr Urug; 52(3):161-168 1981

The leukemic child should learn slowly and progressively the word leukemia, its meaning, and all the different connotations during various stages of the disease. Information should be supplied cautiously, without distortions, mentioning the possibilities as well as the limitations of treatments. Open communication will reduce anguish of the patient, promote spontaneous and frequent questions to the medical staff and the family, establish a firm and honest relationship between everyone, and produce psychologically a better survival. (18 Refs) (In SPA)

16. ATTITUDE OF PATIENTS AND FAMILY IN HEMOPHILIA AND LEUKEMIA.

Fisman N, D'Agnese de Gonzalez Victorica MI
Departamento de Oncohematologia, Instituto de Investigaciones, Hematologicas Academia Nacional de Medicina, Buenos Aires, Argentina
Medicina (B Aires); 41(Suppl):282-286 1981

Attitude of patients and family were studied in 280 patients with hemophilia and 150 patients with leukemia. It was found that family has feelings of overprotection related to guilt, anger, negation, and intellectual comprehension. Patients pass through periods of surprise, desperation, fear, confidence, hope, acceptance, regression, insecurity, and anguish. Interdisciplinary approach should support the patients to go through their treatments and develop their abilities. (17 Refs) (In SPA)

17. IMPACT OF CANCER ON THE FAMILY.

Spinetta JJ
Dept. Psychology, San Diego State Univ., San Diego, CA, 92182
Front Radiat Ther Oncol; 16:167-176 1982

Psychological interviews and tests were conducted with a group of pediatric cancer patients (both American and Mexican) and their families. Patients 6-10 yr old were well aware of the seriousness of their illness, whether or not they could discuss it in adult terms. Active, open communication about the disease and the effects of its treatment should be maintained among the family members (including young children) from the beginning. Particularly because of the increasing chance of long-term survival, a realistic attitude of hope should be fostered. The patients and their families should be given continual updating of information about the progress of the illness and its treatment, as part of a generally supportive attitude on the part of the medical staff. Both parents and professionals should pay more attention to the needs of the patient's siblings, the most neglected of the family members. Most of the cancer patients and their families were able to do well, with proper help at critical times. These were not families showing maladaptive behaviors, they were normal families in crisis, whose underlying strengths and coping abilities could carry them through the course of the disease with a minimum of well-placed help. It is hoped that further systematic studies on the coping strategies of children with cancer can lead to improved methods for reducing the emotional, social, and academic dysfunctioning of children with cancer, which may result from the illness and its treatment. (10 Refs)

18. DISTRESS IN FATALLY AND CHRONICALLY ILL CHILDREN: METHODOLOGICAL STUDY.

Lewis S, Horton FT, Armstrong S
Div. Child Psychiatry, Vanderbilt Univ. Sch. Medicine, 2100 Pierce Ave., Nashville, TN, 37212
OMEGA; 12(4):293-306 1982

Seven measurement methods were used to evaluate subjective emotional distress in 19 children (12 boys, 7 girls; 5-12 yr old) receiving outpatient treatment for acute lymphocytic leukemia (10), cystic fibrosis (5), hemophilia (3), or diabetes (1). The children were not in acute physical distress. Inspection of the multitrait-multimethod correlation matrix (anxiety, anger/aggression, denial, sadness/depression, reality contact, object relatedness, and interpersonal withdrawal) showed that tests which were believed to give roughly the same results actually showed important differences in their measures of distress. Although some of the children were quite distressed, the group as a whole did not greatly differ from the normative population of well children. It is possible that chronically and fatally ill children are not as emotionally distressed as they are thought to be. In general, these commonly used empirical methods were poorly fitted to the task of understanding the distress of chronically or fatally ill children. It is concluded that test- and factorially-oriented measurements used in this study are not sensitive enough to warrant their widespread use in children with chronic diseases. (42 Refs)

19. PSYCHOLOGICAL ASPECTS OF LIVING WITH CANCER: A REVIEW OF THE LITERATURE.

Freidenbergs I, Gordon W, Hibbard M, Levine L, Wolf C, Diller L
Inst. Rehabilitation Medicine, 400 East 34th St., New York, NY, 10016

Int J Psychiatry Med; 11(4):303-329 1982

Recent studies have probed the psychosocial impact of cancer on adult patients, variables affecting adjustment to cancer, and psychosocial intervention with the cancer patients. Various studies have produced confusing and contradictory results. Factors that should be considered in interpreting results include disease related variables (such as site of cancer, staging, type of treatment, and time intervals), demographic factors (such as age, religion, and gender), and standards for comparison. (133 Refs)

20. THE ETHICAL RIGHTS OF THE CHILD PATIENT.

Bartholome WG
Dept. Pediatrics, Univ. Texas Medical Sch. at Houston, Houston, TX, 77025

Front Radiat Ther Oncol; 16:156-166 1982

It is difficult, if not impossible, to adequately address the complex ethical dimensions of health care using the language of patients' rights. However, talk about rights has become such a popular way to express our ethical beliefs that it is important that we at least address questions like what are the ethical rights of cancer patients. A special problem arises when the patient involved is an infant or small child. Many adult members of our society are uncomfortable with the idea of children's rights. In fact, many analysts have argued that talk of such rights is nonsense. Within the context of the intimate, shared existence of the family, talk of children's rights may seem unnecessary or even inappropriate. The parent-child relationship has historically been defined ethically in terms of parental duties/obligations and children's needs. The author will argue that, regardless of how one resolves the debate about the rights of infants and children vis-a-vis their parents, it is essential in our present society that infants and children as patients in the health care context or in a variety of relationships outside the family be seen and responded to as right-bearing persons like ourselves. The author will argue that infants and small children in the health care context have the 'right to be treated as a person' and sketch some of the consequences of granting this right to children undergoing treatment for malignant disease. (Author abstract) (6 Refs)

21. ANNE: AN ILLUSTRATIVE CASE OF ART THERAPY WITH A TERMINALLY ILL PATIENT.

Kern-Pilch K
Art Studio, Cleveland Metropolitan General Hosp., Cleveland, OH

Am J Art Ther; 70(1):3-11 1982

The role of art therapy in liaison psychiatry is illustrated by the case of a terminally ill elderly woman with lymphocytic leukemia. Art can serve as a self-enhancing outlet for energies that otherwise might be expressed in a negative manner. The patient maintained control, asserted herself, and made decisions through art. Art helped the patient to resolve her feelings and to accept impending death. (3 Refs)

22. ASSESSMENT OF THE LONG-TERM EFFECTS OF PRIMARY RADIATION THERAPY FOR BRAIN TUMORS IN CHILDREN.

Danoff BF, Cowchock S, Marquette C, Mulgrew L, Kramer S
Dept. Radiation Therapy and Nuclear Medicine, Hosp. Univ. Pennsylvania, Philadelphia, PA, 19104

Cancer; 49(8):1580-1586 1982

One-hundred-twelve children with primary brain tumors received definitive radiotherapy between the yr 1958-1979. Sixty-nine patients were alive at intervals of 1-21 yr. Thirty-eight patients underwent neurologic and endocrine evaluation, psychologic and intelligence testing, and assessment f or second malignancy post-treatment. A second intracranial malignancy developed in one child, for an incidence of 1.6%. Performance status was good to excellent in 89% of the patients studied. Seventeen percent of the group were mentally retarded. Behavioral disorders were identified in 39% of the patients, 59% of the mothers, and 43% of the fathers. Of the 23 patients with nonparasellar tumors, 6 were found to have growth hormone deficiency, including 2 patients with panhypopituitarism. Disability was related to age under 3 yr at the time of treatment and tumor extension to the hypothalamus. (Author abstract) (33 Refs)

23. THE IMPACT OF BREAST CANCER SCREENING ON FEMININE IDENTITY: IMPLICATIONS FOR PATIENT EDUCATION.

Bernay T, Porrath S, Golding-Mather JM, Murray J
Dept. of Radiology, Santa Monica Hosp. Medical Center, Santa Monica, CA

Breast; 8(1):2-5 1982

Intrapsychic processes in women undergoing breast cancer screening and their impact on patient education were investigated. Results show that fears concerning cancer are more important to women undergoing mammography than are concerns about exposure to radiation. Body image is uniformly positive among women who have never received treatment for cancer. Women who have received previous cancer treatment have a variable, more negative body image. Educational materials should address the fears of death, mutilation, and loss of desirability and sexual identity that cancer and the cancer screening process engender in women. (27 Refs)

24. HEALTH EDUCATION ABOUT BREAST CANCER USING TELEVISION AND DOCTOR INVOLVEMENT.

Hill D, Rassaby J, Gray N
Anti-Cancer Council Victoria, 90 Jolimont St., East Melbourne, Victoria 3002, Australia

Prev Med; 11(1):43-55 1982

The behavioral effects of a 12-mo public education campaign (EC) designed to teach women breast self-examination (BSE) through mass media, supported by involvement of local doctors, were investigated. Samples of the female population from households selected randomly throughout Australia in regions exposed (RE) and not exposed (RN) to EC (2,080), from patients of selected general practitioners in RE (6,624), and from breast cancer patients (BCP) in RE (979) were studied. Findings for the national household surveys supported the conclusion that EC is responsible for differences over time among the samples drawn from the population exposed to EC. Regardless of exposure to EC, increased educational level is associated with a higher proportion of medical breast examination. General practice surveys showed that the proportions of women with breast complaints were small and the increase during the

course of EC was not significant. Survey of BCP compared by age the reported BS of 299 patients in Victoria treated before EC with 680 BCP treated during EC. For both groups, age was related to BSE, with older women less likely to report the practice. Of patients treated after EC, 23% reported doing monthly BSE compared with 17% before EC. Prior to EC 26% of patients reported discovering symptoms while doing BSE; after EC started the figure increased to 35%. (18 Refs)

25. THE EFFECTIVENESS OF PSYCHOSOCIAL SUPPORT DURING POST-SURGICAL TREATMENT OF BREAST CANCER.

Vachon ML, Lyall WA, Rogers J, Cochrane J, Freeman SJ
Clarke Inst. Psychiatry, 250 College St., Toronto, Ontario M5T 1R8, Canada
Int J Psychiatry Med; 11(4):365-372 1982

Level of psychological distress and satisfaction with staff support perceived by 64 women undergoing radiotherapy for breast cancer in a residential setting that offered structured cognitive and emotional support were compared with those of 104 women living at home during treatment. For women in the residential setting, distress during the initial phase of radiotherapy was effectively lowered and a significantly greater percentage were satisfied with the quantity, quality, and/or diversity of support available. (14 Refs)

26. PHANTOM SENSATIONS FOLLOWING MASTECTOMY.

Lorenzoni E, Heidenreich W
Neurologische Klinik und Poliklinik, Medizinischen Hochschule Hannover, Karl-Wichert-Allee 9, 3000 Hannover 61, W. Germany
Geburtshilfe Frauenheilkd; 42(1):63-65 1982

Out of 203 women who had undergone mastectomy, 17% had a phantom breast, although none had phantom pain. Various particularities of the phantom breast, such as specific associated sensations, nipple phantom alone or occurrence only at certain times, are presented. The relation between phantom breast sensations and states of depression are shown, and these results compared with those in the literature. Different theories as to the origin of the phenomenon of phantoms, especially the phantom breast, are discussed. (Author abstract) (20 Refs) (In GER)

27. POSTOPERATIVE SEXUAL DYSFUNCTION - THE PHENOMENON AND APPROACH.

Shindo K
Second Dept. Surgery, Osaka Univ. Sch. Medicine, Osaka, Japan
Kango Gijutsu; 27(15):50-55 1981

Sexual dysfunctions and their treatment in patients who had undergone surgery for cancer of the large intestine were examined by means of written and oral surveys of 561 patients with stomas. Questions concerning sexual function were included in a broad range of questions on the questionnaire. Follow-up oral questioning and medical examination of the patients then focused more on matters of sexuality and sexual function. Changes in sexual activity were not observed according to age groupings, but the sexual activity of men decreased compared to that of women. In the patients greater than 60 yr old, sexual desire decreased or disappeared in 75% of the men and 86% of the women after surgery, and orgasm was reduced in 61.4% of the men and in 50.0% of the women. Decrease or loss of ability to have erection was observed in 77% of the men, and loss of ability to discharge semen was observed in 67.2%. Changes in vaginal shape were observed in 42.3% of the women, and loss of vaginal secretions were observed in 53.9%. Inability to have sexual intercourse was reported by 80% of the men and 70% of the women following surgery; primary reasons for not having sexual intercourse included feeling the stoma, having absolutely no desire, inability to have erections, and vaginal malformation. Means suggested for improving communication of patients' sexual concerns to medical personnel included preoperative discussions of the patient's feelings about the operation, allowing the patient and spouse to be with with each other the night before surgery in order for them to think about the issues of sexuality and postoperative insecurities, and postoperative follow-up of sexual function, feeling, and activity of the patient. (2 Refs) (In JPN)

NUTRITIONAL EVALUATION AND SUPPORT

28. A CONTROLLED, PROSPECTIVE, RANDOMIZED TRIAL EVALUATING THE METABOLIC EFFECTS OF ENTERAL AND PARENTERAL NUTRITION IN THE CANCER PATIENT.

Burt ME, Gorschboth CM, Brennan MF
Dept. Surgery, New York Hosp.-Cornell Medical Center, 525 East 68th St., New York, NY, 10021
Cancer; 49(6):1092-1105 1982

In order to evaluate the effects of enteral vs parenteral nutritional support in the cancer patient, patients with localized, squamous cell carcinoma of the distal esophagus were randomized to one of three nutritional regimens: oral feeding, jejunal feeding, or total parenteral nutrition (TPN). Patients were initially studied in the postabsorptive state and again 2 wk after beginning, and while receiving, enteral or parenteral feedings. Radioisotopic tracer methods were utilized to evaluate parameters of glucose and alanine kinetics, and arterial substrate and hormone levels were measured. Arterial plasma glucose and blood lactate levels increased and plasma free fatty acid, serum triglyceride, and serum cholesterol levels decreased to comparable levels in patients receiving jejunal feedings or TPN. Changes in serum insulin, plasma glucagon, serum cortisol, serum growth hormone, and serum thyroxine were similar in patients receiving enteral and parenteral nutrition. Enteral and parenteral nutrition also had comparable effects on both alanine and glucose kinetics. In particular, both jejunal feedings and TPN were equally efficacious in markedly suppressing gluconeogenesis in the cancer patient. Our data would support the conclusion that there are few, if any, differences in the measured metabolic effects of enteral vs parenteral nutritional support in the group of cancer patients studied. (Author abstract) (61 Refs)

29. PARENTERAL NUTRITION AND HUMAN GASTROINTESTINAL TUMOR PROTEIN METABOLISM.

Stein TP, Buzby GP, Leskiw MJ, Mullen JL
Surgical Res. Lab., Graduate Hosp., Univ. Pennsylvania, 19th and Lombard Sts., Philadelphia, PA, 19146
Cancer; 49(7):1476-1480 1982

We determined the tissue free amino acid distribution in human gastrointestinal tumors and the adjacent normal tissue in two groups of patients. The patients were maintained on dietary control for 7-10 days prior to the surgical removal of the tumor. Patients in Group I ate the house diet ad lib. Their nutritional intake was about half their normal requirement. The second group received parenteral nutrition. Both groups were equally malnourished at the beginning of the period of nutritional control. Group I were 88.2 +-7.8% of ideal body weight and Group II, 90.6 +-13.8% of ideal body weight. The net calorie and nitrogen intake was about double that of Group I. Tissue-free amino acid analyses were done by gas chromatography. Results: There was a statistically significant increase in the essential amino acids in the tumor tissue relative to the normal tissue in Group II, in contrast to the orally fed Group I where no discernible differences were found. (Author abstract) (15 Refs)

30. THE IMPACT OF TOTAL PARENTERAL NUTRITION ON LIVER FUNCTION TESTS IN PATIENTS WITH CANCER.

Wagman LD, Burt ME, Brennan MF
Surgical Metabolism Section, Surgery Branch, NCI, Building 10, Room 10N116, Bethesda, MD, 20205
Cancer; 49(6):1249-1257 1982

In 143 patients undergoing 199 cycles of total parenteral nutrition (TPN), alkaline phosphatase (AP), serum glutamic-oxaloacetic transaminase (SGOT), serum glutamic-pyruvic transaminase (SGPT), direct bilirubin (DB), total bilirubin (TB), and lactic dehydrogenase (LDH) were measured and recorded before inhibiting TPN and weekly for 7 wk or until TPN was discontinued. Patterns of change were elevations and then plateaued. Direct bilirubin, TB and LDH showed no significant change. The patterns were independent of patient age, amount of fat emulsion administered, tumor burden, and nonprotein calorie to basal energy expenditure ratio. (Author abstract) (27 Refs)

31. ADMINISTRATION OF FAT EMULSIONS.

Hutchison MM
Bone Marrow Transplant Unit, Fred Hutchinson Cancer Res. Center, Seattle, WA
Am J Nurs; 82(2):275-277 1982

Patients receiving total-body irradiation (1,000 rads) and/or chemotherapy in preparation for bone marrow transplantation have been given parenteral nutrition (PN), including fat emulsion (FE) using a Hickman catheter. The optimal composition of FE and the doses required to prevent essential fatty acid deficiency in adults and children have not been determined. FE and amino acid-dextrose components of the PN formula can be administered simultaneously via the same catheter. FE is known to be compatible with several other substances, but the FE infusion should be clamped off when blood products or drugs are given. (11 Refs)

32. THE NEEDLE CATHETER JEJUNOSTOMY: PRESENT INDICATIONS, FUTURE USE.

Bongiorno FP
Vascular and General Surgery, Contra Costa County Medical Services, Martinez, CA
Surg Rounds; 5(2):52-55,59,61 1982

Use of the needle catheter jejunostomy (NCJ) is discussed. NCJ is currently the most effective means of delivering total enteral nutrition to the postoperative patient and is indicated after extensive abdominal procedures (eg pancreatectomy, gastrectomy, colectomy, esophagectomy) and for prevention of malnutrition after lesser procedures. Patients receiving chemotherapy and radiotherapy are the group for whom the greatest potential use of NCJ is indicated. Use of NCJ on 193 occasions over a 2-yr period is reviewed; complications and indications for total enteral nutrition are discussed. (16 Refs)

33. INTRATHORACIC GASTRIC BYPASS FOR CARCINOMA OF OESOPHAGUS FOUND UNRESECTABLE AT EXPLORATION.

Lam KH, Wong J, Lim ST, Ong GB
(c/o Ong) Univ. Surgical Unit, Queen Mary Hosp., Hong Kong, Hong Kong
Br J Surg; 69(2):71-73 1982

Assessment of the resectability of carcinoma of the esophagus or cardia may be inaccurate. At exploration, eight patients in whom resection was contemplated were found to have unresectable lesions. An intrathoracic esophagogastric bypass was performed without further change of position. Five patients were discharged from the hospital and survived between 3 and 20 mo before they finally succumbed to metastases. Each of them was able to take an ordinary diet. The aims of palliation were achieved. (Author abstract) (3 Refs)

34. OESOPHAGEAL INTUBATION. A REVIEW OF 100 CASES.

Bache JB, Bentick B, Mercer JL
Dept. Thoracic Surgery, Fazakerley Hosp., Liverpool, England
J R Coll Surg Edinb; 27(1):26-32 1982

One hundred consecutive patients requiring esophageal intubation were studied. The underlying pathology was carcinoma of the upper gastrointestinal tract (79 cases), carcinoma of the bronchus (12 cases) and metastatic carcinoma from other sites (2 cases). The other seven patients had benign strictures. Nine patients required two intubations and one patient required three, so that a total of 111 tubes were introduced. Five types of tube were inserted: Celestin, Mousseau-Barbin and Gourevitch tubes at open operation; and Souttar and Procter-Livingstone tubes endoscopically. The principal complications of intubation were found to be obstruction of the tube, dislodgement of the tube, perforation of the esophagus, and chest and wound infection. The Celestin tube was found to give the most favorable results and the Gourevitch tube was particularly useful for high strictures; these two tubes gave the best palliation of dysphagia and carried the lowest mortality rates. (Author abstract) (18 Refs)

35. NUTRITION OF CHILDREN WITH CANCER.

van Eys J
Dept. Pediatrics, Univ. Texas System Cancer Center, M. D. Anderson Hosp. and Tumor Inst., Houston, TX, 77030
Front Radiat Ther Oncol; 16:177-183 1982

The prevalence of malnutrition at diagnosis in children with cancer varies from one disease to another. Ewing's sarcoma, neuroblastoma, and tumors metastatic to and from bone predispose to malnutrition. The malnutrition that may be present at diagnosis is generally acute in onset and manifested primarily by a low wt for the child's height and age. Malnutrition at diagnosis appears to be an unfavorable prognostic factor. Some of the causes of malnutrition in cancer patients are obvious (mechanical obstruction, nausea and vomiting, anorexia, postoperative ileus, malabsorption, and the metabolic vicious cycle of cachexia). Other causes are treatment-related and sometimes psychogenic. Certain antitumor agents cause severe nausea. Patients receiving chemotherapy may develop an aversion to foods they formerly enjoyed. Malnutrition can be treated by iv hyperalimentation, but prevention is more important. A kitchen on the ward can allow the patients to select their own foods at their own times. Learned food aversions must be avoided if possible and recognized when they develop. Family therapy techniques may be necessary to deal with psychogenic food aversions. (26 Refs)

36. EFFECT OF INTRAVENOUS HYPERALIMENTATION AND ORAL CARE ON THE DEVELOPMENT OF ORAL STOMATITIS DURING CANCER CHEMOTHERAPY.

Hickey AJ, Toth BB, Lindquist SB
43 Baxter Blvd., Portland, ME, 04101
J Prosthet Dent; 47(2):188-193 1982

The VB3 regimen of vinblastine and bleomycin was given to 51 men (18-34 yr old) with Stage II-III testicular carcinoma. All patients presented in a good nutritional state and had no other disorders that could have influenced development of stomatitis. The patients were randomized into 3 groups of 17 patients each, unrelated to any existing dental disease at the time of prechemotherapy dental evaluation. Controls (Group 1) were given no dental treatment before chemotherapy. Group 2 received instruction on oral hygiene and necessary dental treatment before chemotherapy. Group 3 received the same treatment as Group 2, as well as an apparatus for gentle water lavage of the mouth. Patients receiving iv hyperalimentation (IVH) were randomized among the groups. The use of IVH was not affected by pretreatment nutritional status. Severity and duration of stomatitis were significantly reduced by prechemotherapy dental care (Group 2) compared to the controls, but addition of water lavage (Group 3) provided no further advantage. Patients receiving IVH developed more prolonged and severe episodes of stomatitis than patients not on IVH, and their hospital stays were av 18 days longer. Reasons for the more severe stomatitis are unknown. Results suggest ed that the benefits of IVH must be measured against the observed risks. A more accurate assessment of the role of water lavage would require an older patient population with all stages of periodontal disease. (13 Refs)

37. MALNUTRITION AND POSTOPERATIVE INFECTIONS IN THE NEOPLASTIC PATIENTS.

Dionigi P, Nazari S, Bonoldi A, Tibaldeschi C, Olezza S, Dionigi R
Istituto di Patologia Speciale Chirurgica, Universita di Pavia, 27100 Pavia, Italy
Minerva Chir; 36(21):1423-1431 1981

Malnutrition and infections after surgery were evaluated in 58 patients (19 men, 39 women; 13-80 yr old) with cancer (20 mammary, 11 colorectal, 9 gastric, 4 esophageal, 4 lymphomas, and 10 others). The patients had wound (14), respiratory (10), urinary (9), peritoneal (3) and (2) others infections. Controls were 21 patients (17-79 yr old) with different benign pathologies who underwent minor surgery. Complete nutritional assessment wt, arm circumference, Hb, albumin, ceruloplasmin, retinol binding protein, urinary creatine, immunological status, leukocytes, lymphocytes, delayed hypersensitivity response with tuberculin, trichophyton, Candida albicans, and dinitrochlorobenzene as primary antigen were measured before surgery in cancer patients, and in controls. The ceruloplasmin levels were (49 +-10 mg% in the patient with septic cancer, 43 +-8.5 mg% in the patient with non-septic cancer, and 38 +-4.2 mg% in controls) the only significant indicators of postoperative infections. Length of time under anesthesia, contamination of the operating room, and stage of cancer (important factors) were examined. (40 Refs) (In ITA)

NURSING CARE

38. CONFERENCE ON PRE- AND POSTOPERATIVE NURSING FOR CANCER OF THE LARGE INTESTINE.

Takasaka M, Sato K, Tanji S, Wakita Y, Suzuki M
Affilitated Gastrointestinal Center, Tokyo Women's Medical Coll., Tokyo, Japan
Kango Gijutsu; 27(15):94-100 1981

Problems that nurses must deal with in managing patients who undergo stoma construction surgery for colon or rectal cancer were presented. Due to the presence of rectal bleeding, high blood pressure, and pulmonary problems, special diet and medical treatment had to be administered prior to diagnosis to a 63-yr-old male patient who had abdominal stoma construction surgery for a Borrmann Type II cancer of the rectum. Postoperative management of the patient's pelvic cavity, urinary catheters, and abdominal stoma and assistance to the patient in overcoming psychological problems associated with being an ostomate were discussed. (no Refs) (In JPN)

39. POSTOPERATIVE MANAGEMENT OF WIDE RESECTION OF THE LARGE INTESTINE AND NURSING CARE - PARTICULARLY WITH REGARDS TO ILEOSTOMY.

Utsunomiya J, Imajyo M
Second Dept. Surgery, Tokyo Medical and Dental College, Tokyo, Japan
Kango Gijutsu; 27(15):26-35 1981

Familial polyposis and ulcerative colitis are diseases that are surgically treated as a means of preventing cancer of the large intestine. Surgical treatment of familial polyposis is best performed when the patient is 10-20 yr old; the procedures most commonly used include colon resection combined with cecorectal anastomosis, colo-rectal resection combined with semiileostomy, and colon resection combined with rectal mucosa stripping and ileo-anal anastomosis. Ayllett's procedure or resection of the colon and rectum combined with ileostomy construction are commonly used to treat ulcerative colitis. The patient who has returned home following surgery for polyposis should be carefully instructed to visit a physician for regular examinations and to be aware of the indications for early stage cancer, particularly gastric and duodenal cancer. Patients with intestinal stoma also have particular psychological needs that must be recognized and managed. These needs appear during the crisis stage (within 1 wk postoperatively), the recooperative stage (1-2 wk postoperative), the transition stage (prior to release from the hospital) and the stage of the patient's reentry into society. (no Refs) (In JPN)

40. NURSING OF PATIENTS WHO UNDERGO PULL-THROUGH SURGERY.

Suzuki M, Nakamura M, Nakamura H, Muta S
Oomori Hosp., Higashikuni Univ. Sch. Medicine, Japan
Kango Gijutsu; 27(15):60-66 1981

Management of patients who undergo pull-through surgery with anal sphincter preservation for cancer of the large intestine was discussed with specific reference to a 45-yr-old man with rectal cancer. The patient's primary complaints consisted of anal bleeding, anal pain, and constipation. At age 35, the patient had had massive bleeding during bowel movements, but the hemorrhaging decreased after self treatment. The patient first noticed recurrence of the bleeding at age 42-43. Problems that had to be managed during the clinical course of treatment uded anal pain; anemia and anal hemorrhaging; the patient's curities about the surgery; the potential for postoperative orrhaging; complications due to transfusions, secondary in- ions, and pulmonary complications; diarrhea; and high-pres- bowel cleansing. (5 Refs) (In JPN)

NURSING PROBLEMS OF PATIENTS WITH CANCER THE LARGE INTESTINE - NURSING CARE OF CASES VOLVING POSTOPERATIVE DYSFUNCTION OF INARY EXCRETION.

akezaki H, Honda F
/ard 8, Natl. Cancer Center, Tokyo, Japan
ango Gijutsu; 27(15):67-76 1981

he pre- and postoperative approach, which is used at the an National Cancer Center, for managing patients who e undergone stoma construction surgery for colo-rectal cer is introduced, and the application of this approach is il- rated with two cases in which dysfunction of urinary excre- was observed. In helping patients undergoing stoma con- uction surgery, the patient's psychological security must be utmost concern; the patient's independence must be engthened, and the patient must feel able to respond to dan- ous situations. This sense of ability to persevere despite dicaps will assure an early desire and will to return to soci- . Preoperatively, the patient must be taught about the surgi- procedure, the possible complications, and the ability to urn to society in a capacity like that before surgery. Intro- ction of the patient to a group of ostomates and preparation the patient for use of various medical and common supplies essary for postoperative recovery and sanitation are also formed preoperatively. Included in the postoperative pa- nt education are issues of personal hygiene, managing pain complications, and the necessity of follow-up examinations. Refs) (In JPN)

PREOPERATIVE AND POSTOPERATIVE NURSING ILEOSTOMY.

akano F, Kanno K, Hanzawa M, Uchimura S, Kashikura S, Sakauchi T, Nakanishi H, Tokunaga K
econd Surgical Ward, Tokyo Medical and Dental Univ. Affiliated Hosp., Tokyo, Japan
ango Gijutsu; 27(15):126-132 1981

Standard methods used by enterostomy technicians (ET) and rses in treating patients with stoma are presented. Preoper- ve measures include informing the patient about the surgical ocedure and some things to expect as an ostomate, introduc- the patient to other ostomates, deciding the site at which stoma should be placed in order to provide maximum effi- ncy in self-care, and cleansing of the bowel. Postoperative easures include local, whole body, and psychological care. uch of the postoperative care is provided by the ET, trained determining the state of the stoma. The primary overall cus of the care is to help the patient to return to a produc- e place in society. (3 Refs) (In JPN)

. NURSING MANAGEMENT OF THE PATIENT ECEIVING HIGH-DOSE BCNU WITH AUTOLOGOUS ONE MARROW HARVEST.

Gamel-Bentzel C
Fielding Road, Reading, MA, 01867
J Neurosurg Nurs; 14(2):98-102 1982

Infusions of carmustine (BCNU: 600-1,400 mg/square meter 2]) were given to 11 adults (17-57 yr old) with recurrent ade III-IV malignant gliomas. All patients had been given radiotherapy before the first dose of BCNU (2 doses, about 12 hr apart) and reinfused about 24-36 hr after the second dose of BCNU. The patients were usually ready for discharge when the marrow infusion was completed. The nursing protocol for the treatment and follow-up periods is discussed. One patient died of toxicity while hospitalized. After 5-8 mo of follow-up, Karnofsky's performance scores indicated improvement in 4/10 evaluable patients and stabilization in 4/10 others. Three patients deteriorated and died within 4 mo. After a median of 8.5 mo, 3/10 patients were living (7-16 mo). The most feasible dose of BCNU in this protocol was 600 mg/m2. The two patient given this dose developed mild neutropenia and thrombocytopenia, but their peripheral blood compartments were repopulated from the engrafted autologous bone marrow before the time of greatest risk. The initial improvement in computed tomographic scans and symptoms, as well as the survival times, suggested that this intensive treatment may be superior to serial conventional doses of BCNU (250 mg/m2) in patients with advanced brain tumors. (14 Refs)

44. NURSING IMPLICATIONS OF HEPATIC ARTERY INFUSION.

Garvey EC, Manganaro M

Div. Oncology, Dept. Surgery, Univ. California Los Angeles Sch. Medicine, Los Angeles, CA

Cancer Nurs; 5(1):51-55 1982

A review of 20 case histories of patients with hepatic artery infusion of 5-fluorouracil at UCLA led the authors to the conclusion that catheter life and patency are directly related to the patient's mastery of necessary skills for equipment maintenance and to the availability of a skilled nursing staff. The program and its objectives as it is conducted on an inpatient and outpatient level can be improved. However, since the av number of 'one-to-one' teaching hr per patient was 16 hr or more, recommendations are presented based on analysis of the data required. (Author abstract) (12 Refs)

45. THREE MEDIA PRESENTATIONS FOR PATIENTS RECEIVING RADIATION THERAPY.

Israel MJ, Mood DW

Div. Nursing, Health Resources Admin., Dept. Health and Human Services

Cancer Nurs; 5(1):57-63 1982

A set of three media presentations was designed to increase knowledge about the procedures, side effects, and common emotional reactions of patients to radiation therapy. The media presentations are the primary component of the cognitive intervention being evaluated in a large research project comparing cognitive and affective nursing interventions for reducing stress during radiation therapy for the treatment of cancer. Content for the presentations was developed through extensive literature review, examination of existing materials, and consultation with radiation oncologists, nurses, and patients. Learning goals were then established for each presentation. Evaluation of the effectiveness of the media presentations in providing critical information was accomplished with an experimental study of 36 patients randomly assigned to experimental and control groups who completed an orally administered questionnaire either before or after viewing a presentation. Results showed statistically significant differences for all three presentations. The findings support the need for more patient education during radiation therapy. (Author abstract) (6 Refs)

46. CHOICE OF A STRONG ANALGESIC FOR CANCER PATIENTS.

Reich SD
Dept. Medicine, Univ. Massachusetts Medical Center, Worcester, MA
Cancer Nurs; 5(1):67-69 1982

The pharmacology of morphine, methadone, heroin, and other narcotic analgesics used for treatment of pain associated with cancer is reviewed. Mechanism of action, side effects, choice of a strong parenteral analgesic, and choice of a strong oral analgesic are discussed. A health care team must know the effects of the drug and the time course associated with the effects. Close supervision is necessary and psychological support should be given the patient and family. (9 Refs)

47. NURSING MANAGEMENT OF THE CANCER PATIENT IN PAIN: A REVIEW OF THE LITERATURE.

Anderson JL
Santa Clara County Unit, American Cancer Society, San Jose, CA
Cancer Nurs; 5(1):33-41 1982

Nurses who care for cancer patients who may be experiencing pain should be aware of current nursing treatment alternatives that are available to help the patient during these times. Through an international review of the literature, alternatives are identified that will help cancer nurses recognize thier unique role in pain assessment and management for cancer patients. The following topics, utilizing the nursing process as the organizational framework, are included in this review: (1) the scope of the cancer pain experience; (2) nursing assessment of the patient experiencing pain related to cancer; and (3) nursing interventions, including pharmaceutical and behavioral approaches, which are utilized by nurses in the clinical setting to help the cancer patient modify his pain experience. Pertinent nursing research studies are also cited. (Author abstract) (79 Refs)

48. NURSING CARE IN CHILDHOOD CANCER: LATE EFFECTS OF THERAPY.

Greene PE, Fergusson JH
American Cancer Society, New York, NY
Am J Nurs; 82(3):443-446 1982

Late effects of therapy of childhood cancer must be monitored for life. Significant late effects were observed in 21/110 5-yr survivors of leukemia, 15/54 with Wilms' tumor, 25/46 with soft tissue sarcomas, and 47/59 with lymphomas. Effects on the musculoskeletal, respiratory, and reproductive systems are described and the nurse's role in intervention discussed. (16 Refs)

49. NURSING CARE IN CHILDHOOD CANCER. METHADONE.

Martinson IM, Nixon S, Geis D, YaDeau R, Nesbit M, Kersey J
Sch. Nursing, Univ. Minnesota, Minneapolis, MN
Am J Nurs; 82(3):432-435 1982

Use of methadone for intractable pain in children with cancer is reported. Changes in behavior of most children are apparent within 24 hr of the first dose. Advantages of methadone over other opiates are the lack of effect on the senses, good absorption after an oral dose, an analgesic effect which lasts 6-8 hr, lower cost in tablet form, and ease of withdrawal. (18 Refs)

50. NURSING CARE IN CHILDHOOD CANCER: ADOLESCENCE.

Nilsen JD
Clinical Center, NIH, Bethesda, MD
Am J Nurs; 82(3):436-439 1982

Special problems of the adolescent with cancer and the role of the nurse in overcoming them are discussed. A terminal illness adds to the psychological turmoil of patients in this age group. A unified and knowledgeable staff is required to provide effective patient care. The case of a 14-yr-old boy with metastatic neuroblastoma is reviewed with respect to familial relationships, maturation, independence, heterosexual peer adjustment, vocational preparation, and death. (2 Refs)

51. NURSING CARE IN CHILDHOOD CANCER:COPING.

Craft M, Davidson JC, Davis K, Day BE, Gillesby C, McCray LK, Swoyer C, Uecker S
Coll. Nursing, Univ. Iowa, Iowa City, IA
Am J Nurs; 82(3):440-442 1982

The 'I Can Cope' approach to childhood cancer is described. A 2-day retreat for parents and their children with cancer provided opportunities to discuss problems with a psychiatric clinical nursing specialist, four recreational therapists, and two guest lecturers. Activities of children, adolescents, and adults included learning about cancer, coping with daily health problems, expressing feelings, learning to like yourself, and living up to limits. (3 Refs)

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ICRDB CANCERGRAM

REHABILITATION AND SUPPORTIVE CARE

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PHYSICAL REHABILITATION

1. RADIOLOGIC EVALUATION OF THE BLOM-SINGER PROSTHESIS FOR VOCAL RESTORATION AFTER LARYNGECTOMY.

Pope TL, Shaffer HA, Johns ME, Woodson BC, Cantrell RW

Dept. Radiology, Univ. Virginia Medical Center, Charlottesville, VA, 22908

Radiology; 143(2):559-560 1982

The Singer-Blom procedure is a safe and highly successful operation for vocal rehabilitation in the laryngectomy patient. This procedure has been performed on 39 patients at the University of Virginia Medical Center and fluent phonation developed in 36. The success of the procedure depends greatly on a well-fitted prosthesis, and the radiologic assessment of the adequacy of the device is an integral part of patient management. We present our method of evaluating this prosthesis. (Author abstract) (3 Refs)

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service • National Institutes of Health • National Cancer Institute

HE 20.3173/2:

2. CONTRIBUTION TO SURGICAL REHABILITATION OF VOICE FOLLOWING LARYNGECTOMY.

Hybasek I

Katedra otolaryngologie, Lekarska fakulta UK, 500 36 Hradec Kralove, Czechoslovakia

Cesk Otolaryngol; 31(1):29-35 1982

Fifteen patients with carcinoma of the larynx and 1 with carcinoma of the hypopharynx (39-70 yr old) underwent total or extended laryngectomy. Tumor Stage T3 or T4 was established in all patients. Seven of the 16 patients had lymph node metastases, but none of the 16 had distant metastases. Simple laryngectomy was performed in 5 cases, extended laryngectomy in 11, lymph node dissection in 7, and neck dissection in 8. Fifteen patients were subjected to postoperative radiotherapy (total dose 5,000-6,000 rads), and two also to chemotherapy. Neoglottis phonatory was constructed in all patients. Voice formation was preserved after surgery in 15 cases. The function of the neoglottis phonatory was later abolished in three patients, but repair through reoperation was subsequently possible in two of them. During the follow-up period of 6-24 mo 13 patients were able to speak using the neoglottis, occasional dilatations of the shunt being necessary in 3 of them. One patient preferred to use the esophageal voice, even though his neoglottis was in good order functionally. Temporary liquid aspirations occurred in four patients during the follow-up period, but they required no intervention. (9 Refs) (In CZE)

3. PROSTHETIC REHABILITATION: COMPARISON OF THE OUTCOME IN PATIENTS WITH CANCER AND VASCULAR AMPUTATION OF EXTREMITIES.

Subbarao JV, McPhee MC

Dept. Rehabilitation Medicine, Chicago Medical Sch., Chicago, IL

Orthop Rev; 11(4):43-51 1982

A retrospective study (11 yr period) concerning 99 adults and children who underwent extremity amputations for cancer is discussed. Permanent prostheses (PP) were known to have been fitted for 113 patients, after an av of about 2.5 mo. The tumor type did not affect the decision to prescribe a PP, but PP fitting was less frequent after major exarticulation (35/89 patients) than after less radial surgery. During the follow-up period, 93 patients died of cancer and 29 of other causes. The actuarial survival probability in the PP group was higher (0.886 at 1 yr, 0.646 at 5 yr) than in the no-PP group (0.586 at 1 yr, 0.224 at 5 yr); it is possible that PPs tended to be given more often to patients with a good chance of long-term survival. Follow-up questionnaires (2-11 yr after amputation, median almost 9 yr) were sent to 66 PP wearers and 11 patients who had not been given a PP. Replies were obtained from 62/66 and 7/11, respectively. Most patients were able to perform 75-100% of their normal daily activities (55/62 PP wearers, 7/7 others). The amputation had not forced them to change their occupations (48/62 and 5/7, respectively). Most PP wearers used the PP for most or all of the day (43/62) and found it useful (44/62). The rehabilitation outcome in these cancer amputees was much better than the outcomes observed in patients fitted with PPs after amputations for vascular diseases. It is concluded that the physical and psychological benefits of early PP fitting for cancer amputees outweigh the economic costs and the risks of recurrence (which do not seem to be increased by the use of a PP). (29 Refs)

4. SUPPORTIVE CARE OF THE CANCER PATIENT: SECTION 3. MANAGEMENT OF PAIN.

Lewis BJ, Quindlen EA, Burton CV, Ray CD

Cancer Res. Inst., Dept. Medicine, Univ. California, San Francisco, San Francisco, CA

Cancer - Principles and Practice of Oncology. DeVita VT, Hellman S, and Rosenberg SA, ed. Philadelphia, Lippincott, 1926 pp., 1982.

Management of pain is considered from three points of view: pharmacologic approaches (initial management, selection of analgesic drugs, and new developments in pharmacologic control); various neurosurgical approaches; and neurostimulation (transcutaneous electrical nerve stimulation, dorsal cord and percutaneous electrical stimulation, peripheral nerve and depth brain stimulation). Moderate-to-severe pain develops in about 33% of patients in the intermediate stages and up to 80% of patients in the advanced stages of cancer. Palliative antitumor therapy may reduce or eliminate the need for analgesic medication. With the use of narcotic analgesics, it is important to understand that they have no 'ceiling' effect, and that geometrically increasing doses are needed to obtain equal increments in analgesic effect. A correct understanding of a given agent's half-life and potency should enable the physician to establish a dosage and a fixed treatment schedule which provides continuous pain relief. This approach should reduce the development of pain-centered behavior (which occurs in patients receiving analgesics on a demand schedule) and perhaps reduce the total analgesic requirement over time. The control of pain by the implantation of neuroaugmentive devices is also discussed. These approaches should be adopted only when other treatment modalities have failed, or are judged to be unsuitable or contraindicated for a given patient. (81 Refs)

5. NERVE BLOCKS IN ADVANCED CANCER.

Doyle D

St Columba's Hospice, Edinburgh, Scotland

Practitioner; 226(1365):539,541-544 1982

Experience with 100 nerve blocks in patients with advanced cancer is reported. Intercostal blocks were performed in 46 patients, producing total relief of pain in the dermatomes involved for a mean duration of 3 wk (range 1-6 wk). All these blocks were done in intercostal spaces below the fifth thoracic vertebra (T5). The solution used was 5% phenol in oil with the usual vol being 1.0-1.5 ml at each injection site. No major complications occurred. In 45 intrathecal/epidural blocks, the mean duration of effectiveness was 7 wk (range 0-18 wk). Side effects included hyperesthesia on the contralateral side for a few min, lightheadedness, headache of up to 4 hr duration, and vomiting within the first 4 hr. Five sacral blocks, two femoral blocks, and two brachial plexus blocks were also performed. Technical details of these procedures are described. Indications for intercostal blocks included skin deposits, mesothelioma affecting the parietal pleura, pathological fractures of ribs and deposits of myeloma in ribs, root pain from vertebral collapse, nerve entrapment in post-radiation fibrosis, and fungating breast carcinoma. Intrathecal/epidural blocks were effective longer, could be repeated easier, caused fewer problems with scarring around the injection site, and produced less distress for the av patient. Possible complications include pneumothorax, pleurisy, radiculitis, arachnoiditis, paraplegia from hemorrhage, severe hypotension, and dysfunction of bowel or bladder. (10 Refs)

PSYCHO-SOCIAL ASPECTS OF REHABILITATION

6. CANCER REHABILITATION. AN ANALYSIS OF 36 PROGRAM APPROACHES.

Harvey RF, Jellinek M, Habeck RV

(c/o Jellinek) Dept. Rehabilitation Medicine, E3/350, Univ. Wisconsin Medical Center, Clinical Science Center, 600 Highland Ave., Madison, WI, 53792

JAMA; 247(15):2127-2131 1982

Information about comprehensive rehabilitation for patients with cancer is limited. Only a few descriptions of existing models are found in the literature. A survey questionnaire concerning the description and operation of cancer rehabilitation programs was developed and mailed to identified programs in 95 facilities throughout the country. Thirty-six facilities responded with data appropriate for analysis of their method of organization, treatment approaches, team composition, program emphasis, evaluation procedures, and program results. A literature and survey analysis provide support for an interdisciplinary team approach for rehabilitation of cancer patients disabled by the disease or its treatment. In addition, the survey shows favorable acceptance and success of cancer rehabilitation programs, especially in community hospital settings. (Author abstract) (6 Refs)

7. PSYCHOSOCIAL ASPECTS OF PATIENTS WITH CANCER: SECTION 3. COMMUNITY RESOURCES FOR PATIENTS WITH CANCER.

Hay AS

Social Work Dept. Clinical Center, NIH, Bethesda, MD

Cancer - Principles and Practice of Oncology. DeVita VT, Hellman S, and Rosenberg SA, ed. Philadelphia, Lippincott, 1926 pp., 1982.

Programs intended to assist cancer patients and their families in income maintenance, insurance, financial assistance for treatment, educational and vocational assistance non-acute inpatient care, home health care, transportation, and professional counseling are discussed. The names and addresses of several nationwide self-help groups for cancer patients and their families and the telephone numbers of the Cancer Information Services of each state are also given. (no Refs)

8. CONCERN ABOUT FOLLOW-UP CARE FOR CANCER PATIENTS.

Bappert L

No affiliation given

MMW; 124(9):11-12 1982

The quality of follow-up care of breast cancer patients in West Germany was examined through the results of a questionnaire completed by 1,022 mastectomy patients. The respondents reported that physicians and clinics provided them with inadequate information concerning available postoperative care. A majority of the women credited self-help groups for breast cancer patients as aiding in their psychological recoveries. Most of the women were involved in some type of postoperative follow-up program, although the number decreased as the time since surgery increased. Adequate monitoring for recurrences was most often provided by specialized clinics or centers. (no Refs) (In GER)

9. PERSONALITY REACTION OF MEN AND WOMEN TO CANCER.

Molodetskikh VA, Papyrin VD, Tkhostov ASh

Dept. Psychiatry, Medical Stomatological Inst., Moscow, USSR

Zh Nevropatol Psikhiatr; 81(12):1828-1832 1981

The results of psychological evaluation of 100 patients (50 men, 50 women; 18-60 yr old) with malignant tumors of the lower extremities are reported. All patients were subjected to the amputation. The patients were examined during the hospital stay and 1.5 yr after the discharge. Minnesota multiphasic personality inventory showed significant differences in the manifestations of personality disorders between the males and females In males, scale 6 (paranoia), 1 (hypochondria), and 8 (schizoid personality) were dominant. The female were characterized by progressive increase of the scale 2 (depression). (no Refs) (In RUS)

10. WORKING WITH CANCER PATIENTS IN RADIATION THERAPY.

Barstow LF

Yale-New Haven Hosp., New Haven, CT

Health and Soc Work; 7(1):35-40 1982

The establishment of a social work program in the radiotherapy (RT) clinic of the Yale-New Haven Hospital is described. While the main focus of the program is individual work with cancer patients and their families, group work is also an important component of the service. The program is geared to evaluating and fulfilling the patient's psychosocial needs both before, during, and after RT. The specific stresses involved in RT including depression, anger, guilt, anxiety about debility or death, role changes at home and work, financial problems, and dependence on the medical system for care, are dealt with by the program. The physician's inclusion of the social worker in the treatment team during the patients initial clinic evaluation gives the social worker greater acceptance by the patient and family. The social work program has promoted more informal coordination and collaboration between social workers and other oncology services at the hospital. Organization of this collaboration on a more formal basis for, joint program development is underway. (6 Refs)

11. PREVALENCE AND CORRELATES OF ANTICIPATORY NAUSEA AND VOMITING IN CHEMOTHERAPY PATIENTS.

Morrow GR

Dept. Psychiatry, Univ. Rochester Sch. Medicine and Dentistry, 300 Crittenden Blvd., Rochester, NY, 14642

JNCI; 68(4):585-588 1982

Forty-seven of 225 (21%) consecutive cancer patients were found to experience nausea and/or vomiting prior to chemotherapy treatment. Multivariate examination of demographic and clinical characteristics showed patients with anticipatory side effects to report more severe posttreatment emesis, to report their most severe posttreatment nausea as occurring later after treatment, and to be more likely to be taking cisplatin than patients without anticipatory side effects. Seventy percent of the patients with anticipatory nausea and/or vomiting attributed the side effects to a psychologic etiology. (Author abstract) (21 Refs)

12. CURRENT STATUS OF LARYNGECTOMEE REHABILITATION: IV. ATTITUDES ABOUT LARYNGECTOMEE REHABILITATION SHOULD CHANGE.

Gates GA, Ryan W, Lauder E
Div. Otorhinolaryngology, Dept. Surgery, Univ. Texas Health Science Center, 7703 Floyd Curl Drive, San Antonio, TX, 78284
Am J Otolaryngol; 3(2):97-103 1982

Twelve postures or attitudes that could have an adverse effect on rehabilitation of laryngectomees are discussed and recommendations for changing them are presented. These attitudes consist of the following: (1) 'Laryngectomy homogenizes people', (2) 'The 1980s laryngectomee is the same as the 1960s laryngectomee', (3) 'Passive-dependency is characteristic of laryngectomees', (4) 'Rehabilitation begins after cancer treatment is completed', (5) 'Preoperative counseling by a laryngectomized person is essential for effective rehabilitation', (6) 'Rehabilitation is only for the patient', (7) 'Esophageal speech is the primary goal of post-laryngectomy rehabilitation', (8) 'The artificial larynx is a crutch that keeps patients from learning esophageal speech', (9) 'The artificial larynx is an electromechanical vibrator developed by the Western Electric Company', (10) 'Any esophageal speaker or speech pathologist can teach esophageal speech', (11) 'Esophageal speech teachers are good psychologists', (12) 'Surgeons should not become involved in rehabilitation'. A comprehensive program of rehabilitation will facilitate and, probably, augment the adjustment of the laryngectomized patient. The program should consist of a team of professionals, including the laryngeal surgeon, the nursing service, and the speech teacher. (1 Ref)

13. PSYCHOLOGICAL IDENTIFICATION OF BREAST CANCER PATIENTS BEFORE BIOPSY.

Wirsching M, Stierlin H, Hoffmann F, Weber G, Wirsching B
Dept. Basic Psychoanalytic Res. and Family Therapy, Psychosomatic Clinic, Heidelberg Univ., Moenchhofstr. 15a, 6900 Heidelberg, W. Germany
J Psychosom Res; 26(1):1-10 1982

Eight separate key psychological variables (interviewer/patient interaction, expression of emotions, rationalization, anxiety, hopelessness, helplessness, altruism, harmonization) were evaluated in 56 patients admitted for biopsy of a breast lump. Each of the eight variables was assessed on a 5-point rating scale by an initial interviewer and an independent rater; all interviews occurred 1 day before biopsy. Women who were later diagnosed as having malignant disease were rated significantly differently on all eight scales from women who had benign nodes. Denial, hopelessness, and altruistic behavior were among the predominant characteristics of the women with breast cancer. Interviewers and independent raters were successful in predicting the existence of malignancy in 83% and 94% of the cases, respectively. The comparatively extreme responses of breast cancer patients on most of the scales seem to be normal responses to an extremely stressful life situation. The significance of the patterns in terms of emergence and development of breast cancer was difficult to assess. (12 Refs)

14. COPING WITH MASTECTOMY: ISSUES FOR SOCIAL WORK.

Stolar GE
Sch Social Work, Univ. British Columbia, Vancouver, Canada
Health and Soc Work; 7(1):26-34 1982

A survey was conducted of former mastectomy patients to discover how they dealt psychologically with a life threatening disease. The patient sample consisted of 90 women who were mastectomy volunteers; although from a specialized sample and perhaps not representative, the responses were similar. Questions dealt with prior experience with cancer, quality of information given out by physicians regarding the disease, fear of dying, and methods of coping with such a life threatening situation. The two factors most critical to coping with cancer were problems which vary throughout the illness and interpersonal networks of the individual patient. The major task of the social worker is to be an integral part of an active human support system which is apparently a critical part of positive recovery. (17 Refs)

15. MASTECTOMY AND ITS CONSEQUENCES.

Feeley TM, Peel AL, Devlin HB
(c/o Devlin) North Tees General Hosp., Hardwick, Stockton, Cleveland, England
Br Med J; 284(6324):1246 1982

Information on preoperative investigation and management, the hospital experience, and the rehabilitation process was obtained from 128 women who had undergone unilateral simple mastectomy for cancer greater than 9 mo previously. Complaints included lag of greater than 1 yr from initial presentation to the family doctor to referral (5 women), delay of 1-12 mo (14), insufficient information about disease and treatment prior to mastectomy (29), and inadequate medical or nursing care (6). Patient reactions to mastectomy and to use of a prosthesis are discussed. (5 Refs)

16. THE EVOLUTION OF BREAST RECONSTRUCTION. AFTER 86 YEARS BREAST RECONSTRUCTION HAS BECOME A SAFE, SIMPLE AND PRACTICAL OPERATION.

Mendelson BC
No affiliation given
Med J Aust; 1(1):7,9 1982

Development of breast reconstruction from a 'luxury operation' to an integral part of the total rehabilitation (physical, social, and emotional) of women following mastectomy over the past 86 yr is described. Surgical technics for post-mastectomy breast reconstruction, prostheses used, and the efficacy and complications of such procedures are considered. (12 Refs)

17. INVESTIGATION OF POSTOPERATIVE RETURN TO SOCIETY BY GASTRIC CANCER PATIENTS WITH CANCERS DETECTED DURING MASS SURVEY EXAMINATION.

Sugawara N, Yanbe T, Yamagata S, Asaki S, Iwai S, Hisamichi S
Cancer Detection Center, Miyagi Cancer Center, Sendai, Japan
Nippon Gan Chiryo Gakkai Shi; 16(7):1339-1345 1981

Of 1,380 patients found during a mass survey examination (1965-1974) to have gastric cancer, 622 (62.2 +-9.8 yr old) survived greater than 5 yr after gastrectomy and were sent questionnaires concerning the degree to which the patients returned to a normal life, the time required to return to society, the degree of sensory satisfaction the patients achieved following surgery, postoperative complaints, and postoperative complications. Of 423 patients who answered the questionnaires satisfactorily, 367 underwent distal gastrectomy, 40 total gastrectomy, and 16 proximal gastrectomy. Ability to return to work postoperatively in a preoperative capacity was reported by 316 of the 423 patients; the patients who underwent distal gastrectomy were more often able to return to full working capacity than those who underwent total gastrectomy or proximal gastrectomy. Return to society was achieved by 143 of the 423 patients in less than 3 mo, by 103 within 4-6 mo, by 28 within 7-9 mo, by 101 within 10-12 mo, and by 48 in greater than 12 mo. Return to society within 3 mo was achieved more often by patients who underwent distal gastrectomy than by those who underwent total or proximal gastrectomy. Loss of appetite was observed in 203 of the patients. Food preferences changed in 139; foods that patients ate less frequently or not at all consisted of milk products, oily foods, sweets, eggs, and meat, in decreasing order. Food intake was reduced in 236 of the patients and increased in 73. Loss of body wt was reported by 222. Complications were observed in 120; hepatitis was reported by 47, including 34 with serum hepatitis. (18 Refs) (In JPN)

18. EFFECT OF CYTOTOXIC THERAPY ON SEXUALITY AND GONADAL FUNCTION.

Chapman RM
Walter Reed Army Inst. Res., Washington, DC, 20012
Semin Oncol; 9(1):84-94 1982

The effects of cytotoxic therapy on physiology, reproduction, gonadal dysfunction, sexual and emotional factors, and ageing are discussed. Severity of gonadal dysfunction depends upon total drug dose and patient age at the time of therapy. Generally, cytotoxic agents produce premature gonadal dysfunction in men and premature gonadal failure in women. Men develop azoospermia and compensated Leydig-cell function; women sustain ovarian damage causing impaired fertility in the short term and early ovarian failure later. Oncologists are often unaware of sexual problems of patients, who tend to discuss the problems with their families but not their doctors. Diagnosis can often be accomplished with a questionnaire followed by such procedures as sperm count and hormone level measurements. Treatment involves counseling and often hormone replacement therapy. Prognosis should be considered when counseling young patients on parenthood. (93 Refs)

19. TREATMENT OF IMPOTENCY CAUSED BY CANCER THERAPY - THE INFLATABLE PENILE PROSTHESIS.

Scott FB, Light JK, Fishman IJ
Dept. Urology, Baylor Coll. Medicine, Houston, TX
Cancer Bull; 34(1):33-37 1982

Experiences of 48 patients made impotent as a result of radical cancer therapy who received an inflatable silicone rubber prosthesis are described. Surgical procedures, operation of the device, and the results of a follow-up questionnaire received from 39 male patients and 31 female partners are discussed. Erection was restored in 47/48 patients. Review of the questionnaires revealed that patients were unprepared for the consequences of impotency on their lives. Implantation of the penile prosthesis was regarded as a moderately painful operation that allowed resumption of sexual activity within 3-6 wk. The ability for intromission was restored, intercourse was perceived as equal to or better than before, and partner satisfaction with the performance of the device in terms of restoring a satisfactory relationship appeared high, based on a 100% recommendation of the procedure to other couples in similar circumstances. (4 Refs)

20. PSYCHOLOGICAL AND SEXUAL SITUATION OF PATIENTS FOLLOWING RADICAL PROSTATECTOMY.

Spengler A, Kleber R
Abteilung fur Sexualforschung, Psychiatrische und Nervenklinik, Martinistr. 52, D-2000 Hamburg 20, W. Germany
MMW; 124(9):87,88,91,92,95 1982

Psychological reactions and sexual behavior of men who undergo prostatectomy were investigated through post-treatment interviews with 32 patients (52-73 yr old; median age 62 yr) with prostatic cancer. Patients described feelings of panic, light-headedness, and shock (acute psychological crisis) during the initial stages of diagnosis and preoperative consultation. A majority of the patients reported that they expected the surgery to cause impotence. The postoperative phase was associated with feelings of loss of bodily functions. The convalescence phase was accompanied by depression and sadness. Most patients were interviewed 27-68 mo after surgery; at that time, nearly all had resolved their earlier psychological crises. At the time of the interviews, only six patients were totally sexually inactive. Seventeen patients were able to achieve spontaneous erections, 22 were able to achieve erections through masturbation, and 16 of 30 were able to achieve erections during sexual contact with their partners. Half of the patients experienced orgasm. Younger patients (52-61 yr old) were more sexually active than older patients (62-73 yr old). Those patients interviewed 3-27 mo after surgery were less sexually active than those interviewed more than 27 mo postoperatively. The consequences of these results are discussed with respect to the type of information and help that should be given to prostatectomy patients and their partners. (37 Refs) (In GER)

21. SEXUAL REHABILITATION OF THE PATIENT WITH UROLOGIC CANCER.

Rodriguez DB
Section Enterostomal Therapy, Dept. Nursing, Univ. Texas M.D. Anderson Hosp. and Tumor Inst., Houston, TX
Cancer Bull; 34(1):37-39 1982

Approaches to help the health professional deal with the emotional and psychological impact of urologic cancer on the patient are discussed, using the PLISSIT model, in which the patient's rehabilitation occurs in four stages. Topics considered include assaults on sexuality, environment for rehabilitation, PLISSIT model, and health professional's role. (4 Refs)

22. HUMANISTIC HEALTH CARE EDUCATION IN A HOSPICE/PALLIATIVE CARE SETTING.

Bertman SL, Greene H, Wyatt CA
Humanities in Medicine, Univ. Massachusetts Medical Sch., Worcester, MA, 01605
Death Educ; 5(4):391-408 1982

A course taught to an interdisciplinary group of health care professionals which consists of 90-min seminars held weekly for 6 wk is described. Most problems felt by dying patients concern loss of individuality; objectives which foster a heightened respect for patient individuality are discussed. The intent of the course is to help people explore personal, cultural, and social expressions of the illness metaphor in ways that challenge preestablished defenses and offer varied options for communication, both professional and personal. The setting for such a program is a Palliative Care Service (hospice), usually a functionally autonomous unit that may be maintained in a large hospital, for dying patients who choose not to accept treatment. Course methodology includes process education with liberal use of role playing, videotapes, and cancer portrayals in literature, photography, and art. The hospice center offers supportive care for patients primarily at home, through resources that offer an enriched quality of life in the face of terminal illness. Evaluation questionnaires which can be used to assess attitude change are discussed. (13 Refs)

23. DEATH EDUCATION IN MEDICAL SCHOOL: A SEMINAR ON TERMINAL ILLNESS.

Goodell BW, Donohue JI, Benoliel JQ
Univ. Washington, Seattle, WA
Death Educ; 5(4):363-389 1982

A seminar on terminal illness has been part of the curriculum of the University of Washington School of Medicine since 1971. Topics covered include: societal and individual attitudes toward death, patient and family reactions to dying, physicians' role in the dying process, spiritual support systems, children and death, decision making in medical ethics, grief and mourning, aging and death, and new directions in terminal care. The goals, strategies, and learning resources employed in this seminar are outlined. (11 Refs)

24. GUIDANCE OF TUMOR PATIENTS FROM THE VIEWPOINT OF THE CLERGYMEN.

Michelbrand G
Malteserkrankenhaus, Von-Hompesch-Strasse 10, D-5300 Bonn 1, W. Germany
Med Welt; 33(9):326-328 1982

Problems in the psychological and emotional guidance of tumor patients are discussed. Clergymen with their sympathetic attitude play an important role in guiding the tumor patient, because even severely ill patients are never without hope, and because such patients need much help to be able to cope with their anxiety and other problems. (2 Refs) (In GER)

NUTRITIONAL EVALUATION AND SUPPORT

25. SUPPORTIVE CARE OF THE CANCER PATIENT: SECTION 1. NUTRITIONAL SUPPORT.

Brennan MF
Memorial Sloan-Kettering Cancer Center, New York, NY
Cancer - Principles and Practice of Oncology. DeVita VT, Hellman S, and Rosenberg SA, ed. Philadelphia, Lippincott, 1926 pp., 1982.

The etiology of the anorexia causing cachexia in cancer patients may be a complex interaction of diminished nutrient intake, nutrient consumption by the tumor, and remote metabolic effects of the tumor on the host. The presence of the tumor and the use of aggressive treatment produce a more 'hypercatabolic' state than simple semistarvation. Any patient whose expected hospital stay is greater than 15 days and who cannot consume greater than 1,000 cal/day is a candidate for nutritional support, whether enteral nutritional support (ENS), a combination of ENS and parenteral nutrients, or total parenteral nutrition (TPN). Nutritional support is now accepted for patients receiving aggressive antitumor therapy. The efficacy of TPN seems to depend on the probability of an objective response (OR) to the treatment. Available evidence derived from randomized trials of TPN is not yet statistically significant. Preliminary results suggest that TPN may improve the OR rate in patients with high-OR, low-cure-rate cancers. In patients with low-OR, low-cure-rate cancers, TPN reduced the toxicity of chemotherapy in one study but had no effect in another study. The patients most likelv to benefit from TPN were patients undergoing resection of gastrointestinal cancers. The results also suggested that if antitumor therapy is ineffective, the routine use of TPN cannot be advocated, and in fact may reduce survival times in patients without wt loss. (97 Refs)

26. HYPERCALORIC NUTRITION OF PATIENTS WITH CANCER OF THE DIGESTIVE TRACT.

Cuocolo R, De Martino G, Ortolani O
Istituto di Anestesiologia e Rianimazione, II Facolta di Medicina e Chirurgia, Universita degli Studi di Napoli, Napoli, Italy
Minerva Chir; 36(23/24):1601-1610 1981

Sources of energy in men were reviewed and schematically presented during fast and after trauma. Protein status before and after surgery was analyzed. Of 20 patients (9 men, 11 women), 5 had gastric cancer and underwent radical surgery, 15 had colon cancer, 11 underwent radical and 4 palliative surgery. A wk before surgery increasing amounts of glucose (10-33%) solutions with steady amounts of amino acids (8.5%) and other nutrients were administered. First day after surgery the glucose amount was decreased, but the following days nutrition was the same as before the surgery. Parenteral nutrition (PN) was stopped 10 days after surgery, and the amount of glucose was decreased gradually. Nitrogen balance (NB), azotemia, glycemia, glycosuria, Na, and K were determined daily. Different proteins were determined by electrophoresis twice weekly, and many other tests were performed once or twice weekly. Protein values increased before surgery, decreased after surgery, but were higher than at the start of the PN, and increased again at the end of the PN. The PN did not completely abolish the effect of surgery, but it did decrease its effect. (20 Refs) (In ITA)

27. A MODIFIED TECHNIQUE FOR PERORAL PLACEMENT OF AN ESOPHAGEAL PROSTHESIS.

Minami H, McCallum RW
(c/o McCallum) Gastroenterology Section, Yale Univ. Sch. Medicine, 92 LMP, 333 Cedar St., New Haven, CT, 06510
Gastrointest Endosc; 28(2):95-97 1982

A Boyce esophageal prosthesis was placed using fiberoptic endoscopic control in 73-yr-old man with esophageal stricture caused by extrinsic compression from a recurrence of squamous cell carcinoma of the lung. The patient refused Eder-Puestow dilatation. Because the stricture could not be dilated to a diameter clearly exceeding that of the outside diameter of the prosthesis, placement of the prosthesis was difficult. Proper positioning was achieved, however, and a postplacement hypaque swallow showed good positioning of the Tygon tube with no evidence of perforation. Modifications of the procedure to facilitate placement of the prosthesis are discussed. (6 Refs)

28. ENDOESOPHAGEAL INTUBATION: A FAVORABLE PALLIATIVE MEASURE FOR MALIGNANT STENOSIS IN THE ESOPHAGEAL-CARDIAC REGION?.

Beck R, Kienzle HF, Staemmler-Kienzle S, Fux HD
Chirurgische Klinik, Stadtisches Klinikum Karlsruhe, Moltkestrasse 14, D-7500 Karlsruhe, W. Germany
Langenbecks Arch Chir; 356(3):167-173 1982

Of 337 patients with carcinoma of the esophageal or cardiac regions, 131 (94 men and 37 women, 33-82 yr old, av age 65.5 yr) received palliative treatment by intubation with an endoprosthesis. The primary symptom was dysphagia. Other symptoms included vomiting, loss of appetite, retrosternal pressure and pain, and aversion to meat and sausage. Gastrotomy was performed, and a gastric sonde with the prosthesis affixed to the end was passed through the stenosis from the oral direction. Total lethality 2-70 days after surgery was 34.4%. Causes of death included tumor cachexia, hepatic coma, delirium tremens, and subarachnoidic hemorrhage. Lethality specific for the method was 22.9%. Eighty-six patients were released from the hospital after surgery. Av hospital time for these patients was 22 days; survival time was 27-545 days (av 145.6 days). Postoperative complications included those found generally among older, cachectic patients. Complications specific for the procedure included dislocation of the prosthesis (4.6%), esophageal perforation (3.8%), tumor hemorrhage (4.6%), occlusion of the prosthesis by tumor (8.4%), and occlusion of the prosthesis by pieces of food (5.3%). Of 39 patients responding to questionnaires, 29 reported subjective improvement as a result of the procedure. In spite of high operative lethality, use of the endoprosthesis is recommended as a satisfactory palliative measure for malignant stenosis in the esophageal or cardiac region. (13 Refs) (In GER)

NURSING CARE

29. TRANSSPHENOIDAL HYPOPHYSECTOMY FOR PITUITARY TUMORS.

Stillman MJ
80 Rosemary Lane, South Windsor, CT, 06074
J Neurosurg Nurs; 13(3):117-122 1981

Symptoms, evaluation, and a case (additional diagnostic studies, the surgical procedure, nurse participation, postoperative course) of pituitary tumor are discussed. Symptoms of pituitary tumor may be vague and as a result correct diagnosis may be delayed. Evaluation of a patient with suspected pituitary tumor includes endocrinologic, ophthalmologic, and radiologic studies. The case of a woman whose symptoms first developed at age 27 yr, with final diagnosis of a prolactin secreting tumor made at age 32, is detailed. (7 Refs)

30. ACOUSTIC NEUROMA: POSTOPERATIVE NURSING CARE AND REHABILITATION.

Blanco KM
11766 Hidden Creek Circle, Tampa, FL, 33617
J Neurosurg Nurs; 13(3):153-155 1981

Acoustic neuroma is defined as a 'a progressingly enlarging benign tumor within the auditory canal arising from the eighth cranial nerve.' Symptoms include tinnitus, hearing loss, balance and gait disturbances, and facial pain or numbness. Diagnosis is confirmed by plain films, tomography, and angiography. Postoperatively, patients may experience permanent neurological deficits. The role of the nurse in promoting complete physical and emotional rehabilitation is discussed. (1 Ref)

31. NURSING CARE FOR THE PATIENTS WITH HEAD AND NECK TUMORS.

Korotkikh NG, Samokhina TN
Orel, USSR
Med Sestra; (2):46-47 1982

The principles of nursing care for the patients with head and neck neoplasms are reviewed. It was emphasized that irrigation of the mouth, aspiration of the mucus from the tracheostoma, changes of the dressings in the sterile conditions, and the feeding through the silicone nasal probe reduce the incidence of postoperative complications. (no Refs) (In RUS)

32. COMMISSUROTOMY: REVIVAL OF SURGERY FOR THE RELIEF OF CENTRAL AND BILATERAL PAIN.

Piper M
1910 Shady Acre Circle, Encinitas, CA, 92024
J Neurosurg Nurs; 13(3):150-152 1981

Commissurotomy for relief of central or bilateral pain, anatomy of the spinal cord, and a case study are discussed. Patients suffering intractable pain often have bilateral pain or pain in the low abdomen, rectum, perianal area, or genitalia, usually due to recurrent cancer. A man with cancer of the prostate had successful surgery for relief of sacral pain but died shortly thereafter due to complications of the cancer. Emotional support in cancer patients with long term illness was found to be as important as surgical pain relief as part of nursing and family supportive care. (12 Refs)

33. ADMINISTRATION OF CANCER TREATMENTS: PRACTICAL GUIDE FOR PHYSICIANS AND ONCOLOGY NURSES.

Hubbard SM, Seipp CA
Scientific Information Branch, Div. Cancer Treatment, NCI, Bethesda, MD
Cancer - Principles and Practice of Oncology. DeVita VT, Hellman S, and Rosenberg SA, ed. Philadelphia, Lippincott, 1926 pp., 1982.

Various guides for administration of cancer treatments are discussed: evolution of roles for oncology nurses, practical issues affecting patient care, legal implications of expanded nursing roles in chemotherapy, informed consent, flow sheets, surgery, postoperative care, radiation- and immunotherapy, and continuing care. (88 Refs)

34. LEARNING NEEDS OF CANCER PATIENTS: A COMPARISON OF NURSE AND PATIENT PERCEPTIONS.

Lauer P, Murphy SP, Powers MJ
Mercy Hosp. and Medical Center, Chicago, IL
Nurs Res; 31(1):11-16 1982

The purposes of this study were to discover and compare patients' and nurses' perceptions of the learning needs of cancer patients. Using rating scales, 33 nurses and 27 patients rated the degree of importance of learning 36 informational items, including nutrition, treatment, and diagnostic testing. In addition, nurses and patients ranked six content areas according to: how problematic each area was for the patient; how much knowledge the patient had about each area; and how much the patient wanted information about each area. Results indicated that significant differences existed between nurses' and patients' perceptions of the learning needs of cancer patients. Nurses rated the degree of importance of the 20 general information items significantly higher than did the patients. The rank order of the six content areas for each of three questions by nurses and patients showed nurses ranked dealing with feelings as the most problematic area for patients, while patients ranked this area low. (Author abstract) (19 Refs)

35. THE EFFECTS OF A PATIENT EDUCATION COURSE ON PERSONS WITH A CHRONIC ILLNESS.

Johnson J
North Memorial Medical Center, Minneapolis, MN
Cancer Nurs; 5(2):117-123 1982

This study gives experimental evidence concerning the use of a structured educational program, as part of the rehabilitation program, for persons who must adapt to living with cancer. The 52 subjects were randomly selected from a group of persons, ages 18 and older, who have been diagnosed or rediagnosed within the year as having cancer. Each participant was measured on three dependent variables: anxiety, meaningfulness in life, and knowledge about cancer. Pairing of participants was done by means of cluster analysis using pretest scores. Assignment of each pair was made randomly to either the treatment or control group. The treatment group attended eight educational sessions over a 4-wk period. Topics covered were (1) learning about the disease, (2) coping with daily health problems, (3) communicating with others (4) liking yourself, (5) living with limits, (6) helpful resources. Each session had goals, learning objectives, and study assignments. A learning resource center containing books, tapes, games, etc. as available to aid participants with assignments. The same objective test measures were administered to both groups postcourse. The groups were then compared with respect to their prepost change scores on the three dependent variables. Every measure of prepost differences favored the treatment group. Significance of these results have been used to aid in the development of an ongoing cancer patient program. (Author abstract) (17 Refs)

36. MITOMYCIN C: A BRIEF REVIEW.

Reich SD
Dept. Medicine, Univ. Massachusetts Medical Center, Worcester, MA
Cancer Nurs; 5(2):152-154 1982

Mechanism of action, pharmacology, and clinical trials of mitomycin C (MC) are reviewed. Treatment of superficial transitional cell carcinomas by intravesical MC treatment appears to be quite effective. Results of hepatic artery infusion for the treatment of patients with metastases of colorectal carcinoma confined to the liver are encouraging. Bone marrow suppression is the most significant toxic effect of MC, although nausea, anorexia, vomiting, fever, and partial alopecia often occur. (15 Refs)

37. TREATMENT OF TISSUE EXTRAVASATION BY ANTITUMOR AGENTS.

Larson DL
Univ. Texas, M. D. Anderson Hosp. and Tumor Inst., 6723 Bertner Drive, Houston, TX, 77030
Cancer; 49(9):1796-1799 1982

Infiltration of antitumor agents into subcutaneous tissue may either result in a local area of self-resolving inflammation, or progress to full-thickness loss of skin and underlying vital structures. The immediate treatment of 50 extravasations occurring over a 20-mo period resulted in our developing a protocol of appropriate care. Once extravasation is suspected, the intravenous line is removed, ice is applied intermittently for 3 days, and the wound is observed closely. No drugs are ever given locally. If local pain persists or skin changes progress, the area of involvement is debrided and, a skin graft is applied 2 to 3 days later. As a result of this conservative approach, only 12 of 50 patients have required surgery. This method of treatment has minimized patient morbidity, hospitalizations, and loss of synchronization of chemotherapy. (Author abstract) (17 Refs)

38. CANCER NURSING AND THE LAW.

Gargaro WJ
Beverly Hills, CA
Cancer Nurs; 5(2):131-132 1982

The question of unprofessional conduct in the case of nurse Tuma, who counseled a patient regarding alternative therapy (laetrile, diet therapy, massage treatments) prior to initiation of chemotherapy for myelogenous leukemia, is discussed. The patient's physician had associated chemotherapy with life-threatening and undesirable side effects that reduced the body's defense mechanisms. Therapy was stopped by the doctor briefly because of the discussion between nurse and patient; the patient died 2 wk later. During therapy the patient experienced side effects and was comatose most of the time. The legal status of the nurse and results of appeals of license suspension are discussed. (no Refs)

39. AN OVERVIEW OF HOSPICE CARE.

McCabe SV
Univ. Virginia, Charlottesville, VA
Cancer Nurs; 5(2):103-108 1982

Development of the hospice movement in the United States is discussed. The hospice movement was prompted by three major social developments: physicians trained at St. Christopher's Hospice brought the hospice concept to the United States, rapid development in medical technology produced a need for hospice care, and community awareness of social problems experienced by dying patients and their families increased. Types of hospices described include inpatient, hospital based; home care programs; and free-standing hospice facilities. Ten components of hospice care are presented. Other issues associated with the development of hospice care include legal ramifications of effective control of pain, changing attitudes of the public towards death and dying, quality control and licensure, and means of dealing with hospice costs. Emergence of death education courses, development of payment programs, and cost effectiveness of hospices are discussed. (36 Refs)

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PHYSICAL REHABILITATION

1. CRYOSURGICALLY TREATED AUTOGENOUS MANDIBULAR SEGMENTS IN IMMEDIATE RECONSTRUCTION (MEETING ABSTRACT)

Dougherty TP, Rafetto LK, Edwards RC, Caudill RJ, Mcinnes GF
Wilmington Medical Center, Wilmington, DE

Joint Meeting of the Society of Surgical Oncology and Society of Head and Neck Surgeons, April 18-23, 1982, Marco Island, Florida. The Society of Surgical Oncology and the Society of Head and Neck Surgeons 265 pp., 1982.

The primary objective of immediate mandibular repair following ablative surgery is the restoration of natural spacial anatomic relations of the osseous and adjacent soft tissues to obviate the surgical, functional, esthetic, and psychosocial consequences of delay. Of the variety of materials and techniques proposed for mandibular reconstruction, autogenous grafts have proven most successful. An ideal graft reflects identical antigenicity and configuration of the resected segmented. These criteria have been met with increasing success through re-implantation of the resected mandibular segment after its treatment with liquid nitrogen. With double freeze-thaw cycles researchers have demonstrated neoplastic and normal cell viabilities to be zero. The residual template supports neo-osteogenesis and with proper stabilization, a clinical and microscopic biologic union at the resection site is effected. Technique has varied little in five cases. The harvested mandibular segment is grossly debrided of tumor, multiple fenestra placed, and then double freeze-thaw cycles are performed. Secure internal and external fixation are provided for a long post-op period as in the antibiotic coverage. Myocutaneous pedicaled grafts were used to produce primary intraoral closure when necessary. All patients treated were initially staged no greater than T2N1M0 and all with intraoral primaries; Epidermoid Ca (carcinoma) (4), Verrocous Ca (1). Three received pre-op chemotherapy, none received pre-op radiation and one received delayed post-op radiation. All displayed secure reimplanted segments with

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one case of persistent mucosal dihiscence and osteomyelitis which required removal of the graft. Progressive evidence of neo-osteogenesis was documented with serial Technetium MDP (mento-dextro posterior) scans. Histologic and plane polarized sections demonstrated non-vital bone resorption and subsequent deposition of reparative woven bone and revitalized haversian systems. (no Refs)

2. CHIN RESECTION AND RECONSTRUCTION WITH METALLIC PROSTHESIS.

Catania VC, Cislaghi E, Fontana E, Podrecca S

Istituto Nazionale per lo Studio e la Cura dei Tumori, Milano, Italy

Minerva Stomatol; 31(1):91-96 1982

Twelve patients had chin resections because of infiltrating spinocellular carcinoma (CA: 10), mucous epidermoid CA (1), or ameloblastoma (1). Reconstructions were performed with the aid of metallic prostheses, which, in properly selected patients, were considered to be preferable to autologous bone (intact or ground). Mainly because of local recurrence of tumor, six of the prostheses had to be removed. (14 Refs) (In ITA)

3. PROSTHETIC TREATMENT OF PATIENTS AFTER BONE GRAFTING PROCEDURES.

Schwarz WD

London Hosp. Medical Coll. Dental Sch., London E1 2AD, England

Br J Oral Surg; 20(1):45-52 1982

Case reports and radiologic findings in two patients who have worn dentures for 6 yr after undergoing bone grafts following surgery for ameloblastoma are presented. The advantages and disadvantages of rib grafts vs iliac crest grafts for mandibular replacement, and the response of replacement grafts to the long-term stress effects of dental prostheses, are discussed. (24 Refs)

4. MODIFIED RADICAL MASTECTOMY WITH IMMEDIATE BREAST RECONSTRUCTION. ANATOMIC CONSIDERATIONS.

Wilkinson LH, Peloso OA, Dall WG

Lomas Medical Building, 718 Encino Pl NE, Albuquerque, NM, 87102

Arch Surg; 117(5):579-582 1982

Surgery for breast cancer continues to evolve. Less radical procedures and increasing concern about appearance and rehabilitation are now the trend. Such considerations prompted a detailed anatomic study and review of the location and course of the medial and lateral pectoral nerves, the development of a technique for immediate reconstruction of the breast during modified radical mastectomy that protects the innervation of the pectoral muscles and incorporates them in the construction of a submuscular pocket to receive a silicone breast prosthesis, and the administration of low doses of heparin sodium to prevent necrosis of ischemic breast flaps. Fifty immediate reconstructions of the breast after modified radical mastectomy were performed in 48 women with carcinoma of the breast. We believe this procedure greatly enhances rehabilitation and quality of life without diminishing the ability to diagnose or treat recurrent disease. (Author abstract) (15 Refs)

5. PLASTIC SURGERY TECHNIQUES IN THE MANAGEMENT OF BREAST CANCER.

Petit JY, Lehmann A, Margulis A, Rigaut L

Service de Chirurgie Plastique et Reconstructive, Institut Gustave-Roussy, 39 a 53 rue Camille Desmoulins, 94800 Villejuif, France

Ann Chir Plast; 27(1):45-51 1982

Conservative and radical resection of breast tumors are reviewed. Plastic surgery repair techniques which can be used to improve various types of defects are emphasized. For repair of radionecrotic ulcerations of the chest wall, the lesions must be treated surgically and the closing of the lost tissue must be accomplished by regional or local autoplasties such as thoracoepigastric flaps or myocutaneous flaps. When a conservative treatment is used for breast cancer, a wide excision of the tumor and axillary curettage are performed. When this treatment is carried out in a large breast, the results are excellent. When the breast is small, wide tumor excision must be accompanied by remodeling, using the principles of vol reduction surgery. For patients who had had radical mastectomy, mammary reconstruction may be considered as long as the patients clinical status is clearly free of recurrent or metastasizing cancer. For noninvasive lobular carcinomas in situ, chances for cure are extremely good. Subcutaneous mastectomy with a prosthesis may be considered in such cases. (17 Refs) (In FRE)

6. SECONDARY EFFECTS OF CORTISONE IN MAMMARY PROSTHESES USED FOR BREAST RECONSTRUCTION.

Lejour M, Eder H, Mey A

Departement de Chirurgie Plastique, Service de Chirurgie de l'Institut, Bordet Centre des Tumeurs de l'Universite, Libre de Bruxelles, 1, rue Heger-Bordet, 1000 Brussels, Belgium

Ann Chir Plast; 27(1):61-63 1982

Unfavorable secondary effects occurred in 15/31 postoperative cancer patients who underwent breast reconstructions with double lumen prostheses containing cortisone. Complications included cutaneous atrophy (12), displacement of the prosthesis (3), infection (2), cutaneous perforation (1), and problems with healing (1). In 6/15 cases in which there was cutaneous atrophy, no additional treatment was prescribed. (6 Refs) (In FRE)

7. AMPHETAMINE THERAPY FOR ENHANCING THE COMFORT OF TERMINALLY ILL PATIENTS (PTS) WITH CANCER (MEETING ABSTRACT)

Joshi JH, De Jongh CA, Schnaper N, Fortner CL, Wiernik PH

Baltimore Cancer Research Center, University of Maryland Hospital, Baltimore, MD, 21201

Proc Am Soc Clin Oncol; 1:C-213 1982

In order to evaluate the effectiveness of amphetamine (Amp) in enhancing the comfort of terminally ill cancer pts, dexedrine was given to 19 pts (age: 35-70 years) with various solid tumors and hematologic malignancies who had failed all treatment modalities, had several weeks or less of expected survival, were depressed, in pain and/or lethargic. Pts were very closely followed for changes in the criteria of mood, activity, pain and appetite by the same two physicians whose compared evaluations were found to be identical. Sixteen pts were evaluable and were followed on study for an average of 2-4 weeks with the majority dying within that time period. Dexedrine was begun at a dose of 2.5 mg q 6 h and then adjusted for effect by modifying dose or schedule. A positive effect (improvement in at least one criterion) was noted in all pts with 14/16 pts noting improvements in more than two criteria. In 4/

16 pts, an improvement in Karnofsky performance status was noted. Improvements were noted in mood in 14/16, in activity in 12/16, in pain in 7/10 and in appetite in 7/16 pts. Anticipated tolerance to the drug developed in 10 pts, being noted equally in all criteria. With the development of tolerance, in 6 pts drug doses were increased with a subsequent positive effect. Beneficial responses to Amp were noted within 5 days of institution or dose increment. Except for one pt who developed an acute psychotic episode, no other adverse effects of the drug were seen. (no Refs)

8. QUESTIONS AND ANSWERS ABOUT PAIN CONTROL-PATIENT EDUCATION ABOUT PHARMACOLOGIC AND NONPHARMACOLOGIC OPITIONS (MEETING ABSTRACT)

Blumberg BD
National Cancer Institute, Bethesda, MD, 20205
Proc Am Soc Clin Oncol; 1:C-207 1982

Pain is the most frequent incapacitating complaint of patients seeking medical help. Data suggests that 60-80% of hospitalized cancer patients experience severe pain. A study was conducted by the NCI to assess patient and health professional reactions to Questions and Answers about Pain Control, a patient education booklet addressing pharmacologic and non-pharmacologic options for pain relief. The study was designed to determine accuracy, utility, readability and overall impressions of the booklet. Twenty-nine health professionals and 12 adult cancer patients from three institutions participated. Data indicated the following chapters to be most indicative of actual patient questions or deemed most helpful: Pain Relief with Medicine, Prescription Pain Relievers, Non-Presicription Pain Relievers, and Pain Relief without Medicine. Other findings included the following: (1) patients themselves are the best judges of their pain; (2) patients are unaware of nonpharmacologic options for pain relief; (3) patients are concerned about drug addiction; (4) health professionals offer little information on pain control; (5) patients want to discuss pain-related concerns with their doctors. (no Refs)

9. EPIDURAL APPLICATION OF A MORPHINE PREPARATION IN THE TREATMENT OF INTRACTABLE PAIN.

Stimpl J, Kralik J
Anesteticko resusitacni oddeleni, NsP, U posty 266, 751 25 Prerov-Predmosti, Czechoslovakia
Rozhl Chir; 61(3):176-180 1982

Nine patients with intractable pains due to advanced cancer were subjected to continual analgesia with epidurally administered morphine (2 mg, av number of doses 13, interval between applications 12-24 hours, av duration of catheterization 9 days). Analgesia was achieved in 88% of all patients. Nausea was observed as side-effect in 5/9 patients. (16 Refs) (In CZE)

10. ASSESSING THE MULTIDIMENSIONAL ASPECTS OF CANCER-RELATED PAIN: TOWARD A PRACTICAL ASSESSMENT PACKAGE (MEETING ABSTRACT)

Ahles TA, Blanchard EB, Ruckdeschel JC, Sheehan AP
Division of Oncology, Albany Medical College, Albany, NY, 12208
Proc Am Soc Clin Oncol; 1:C-192 1982

Two primary issues in the assessment of cancer-related pain are: 1) assessment of the associated depression and anxiety as well as the intensity of the pain and, 2) developing an assessment package that is practical for the patient who is often unable to undergo extensive evaluation. Current practice would entail employing either numerical or adjectival scales of pain or the McGill Pain Questionnaire (MPQ) with its sensory, affective and evaluative scales. Visual analogue scales (VAS) use a 10 cm line along which the severity of pain is rated. They are quickly explained, completed and scored. We compared the use of a VAS-Pain to the standard measures in 40 cancer patients experiencing pain. Correlations of the VAS-Pain with the standard measures are as follows: 1) Numerical scale (r .92) 2) Adjectival scale (r .40), 3) MPQ-Sensory (r .49), 4) MPQ-Affective (r .43), 5) MPQ-Evaluative (r .56). It appears that the VAS-Pain is sensitive to the affective behaviors (depression and anxiety) usually associated with cancer-related pain. Patients appear to use the VAS-Pain as a summation of the multi-dimensional aspects of their pain. Because of its simplicity and high correlation with other measures, we feel the VAS-Pain represents the optimal package for assessment of cancer-related pain. (no Refs)

11. NATURE AND INCIDENCE OF POST-THORACOTOMY PAIN (MEETING ABSTRACT)

Kanner RM, Martini N, Foley KM
Albert Einstein College of Medicine, Bronx, NY, 10467
Proc Am Soc Clin Oncol; 1:C-590 1982

To assess the nature and incidence of persistent or recurrent post-thoracotomy pain, we evaluated 126 consecutive patients undergoing thoracotomy at MSKCC. Seventy-seven had primary lung malignancies, 33 had metastatic tumors and 16 had benign lesions. Forty-eight of 126 had preoperative pain. Patients were examined pre- and postoperatively and questionnaires were sent monthly, for 8 months. By 5 months, pain had disappeared in 79 patients, but returned in 13/79. Pain increased in severity in 20. Eighteen had mild and decreasing pain and 9 were lost to followup. Of 33 patients (32 tumor, 1 benign) with persistent or recurrent pain, 16 had local tumor recurrence, 5 had paravertebral or vertebral recurrence, 3 had pleural recurrence, 3 had chest wall recurrence, 2 had widespread disease, 2 had local infections, 1 had a superior vena cava syndrome and 1 had positive sputum cytology. Preoperative pain, chest wall involvement, the type on incision and the type of closure had no effect on late postoperative pain and all the cases of late pain could be explained by the presence of local tumor or infection. Our data suggest that persistent or recurrent pain after thoracotomy for a malignant lesion is usually due to recurrent tumor, rather than postsurgical nerve injury. (no Refs)

PSYCHO-SOCIAL ASPECTS OF REHABILITATION

12. BEHAVIORAL CONTROL OF POST-CHEMOTHERAPY NAUSEA (MEETING ABSTRACT)

Redd WH, Hatfield AK, Schmale JD
University of Illinois, Champaign, IL, 61820
Proc Am Soc Clin Oncol; 1:C-197 1982

Three experimental analyses were conducted to investigate the use of deep muscle relaxation hypnosis to control nausea following the administration of two chemotherapy protocols: 1) Cytoxan, Methotrexate and 5-Fluorouracil (CMF), and 2) Cis-platinum. A multielement-across-subjects design (with ABAB treatment reversals within subjects) was used. In Study

I four patients receiving CMF were trained in self-hypnosis. Patients were instructed to sit quietly, to focus their attention on muscle relaxation and to listen to descriptions of scenes of the ocean and of a forest. After two live training sessions and daily home practice using an audiotape recording of the induction, patients were directed through the relaxation induction following subsequent chemotherapy treatments. Patient ratings of nausea immediately before, after, and during the relaxation and nurses' observations of emesis were obtained. In all cases reported nausea and observed emesis were significantly reduced. Moreover, results were reversed when the relaxation induction was not used following chemotherapy treatment. Study II involved eight patients receiving CMF and investigated the use of automated relaxation induction. Results from Study II replicated those obtained from Study I. Study III was identical to Study II except that participants were six patient receiving Cis-platinum. Although patients reported less nausea when the tapes were used, reductions were not as large as was obtained in the first two studies. Moreover, emesis was not reduced. (no Refs)

13. BRIEF PROPOSAL: POSSIBILITY OF HYPNOSIS AS AN AID IN CANCER THERAPY.

Lansky P
Univ. Pennsylvania Sch. Medicine, P.O. Box 13506, Philadelphia, PA, 19101
Perspect Biol Med; 25(3):496-503 1982

The research supporting possible use of hypnosis in the medical treatment of cancer, not just cancer pain and associated depression, is reviewed, and a therapeutic strategy for use of hypnosis is suggested. Hypnosis has played a successful role in cure of warts, and psychologic factors such as crowding and stress have been associated with faster tumor growth in animals. Such effects suggest that psychiatric immunology can eventually explain the influence of the nervous system on the immune system. Extensive studies have related psychologic factors to cancer. It is likely that certain life history patterns and/or personality traits play some role in either the etiology or the perpeutation of the disease process, and might provide a focus for psychotherapeutic intervention. The Simonton approach, involving imagining the tumor in various ways, and attempting to resist it, suffers from the shortcoming that it perpetuates denial, which is the psychological basis of release of cancer to grow. The alternative approach is to encourage the patient to love his tumor, hence returning it to the self, where nervous system control can be excercised to halt the disease. (55 Refs)

14. SELECTED SOCIAL-PSYCHOLOGICAL CHARACTERISTICS OF A SAMPLE OF ISRAELI CANCER PATIENTS: FACTS AND IMPLICATIONS.

Baider L, Sarell M, Edelstein EL
(c/o Sarell) Paul Baerwald Sch. Social Work, Hebrew Univ. of Jerusalem, Mt. Scopus, 91905, Jerusalem
Isr J Med Sci; 18(2):259-265 1982

This paper presents some sociodemographic, medical and psychological data gathered in an ongoing study aimed at early identification of the psychosocial coping potential of adult, Jewish cancer patients in Israel. We show the distribution of a sample of 86 patients on variables such as age, sex, marital status, place of birth, religiosity, medical diagnosis, treatment modality, and duration of illness. We describe the patients' reported behavioral changes, their perceptions of the nature and causes of their illness, and their views on the supportive resources available to them. We also analyze patients' expectations regarding their future functioning in the areas of work, household, family and social relations, and leisure-time activities. On the basis of these initial analyses, we present some recommendations for the improvement of social-psychological intervention with cancer patients (Author abstract) (28 Refs)

15. PSYCHOLOGICAL ADJUSTMENT IN ONCOLOGY OUTPATIENTS (MEETING ABSTRACT)

Farber JM, Weinerman BH, Kuypers JA
St. Boniface General Hospital, Winnipeg, Manitoba R2H 2A6, Canada
Proc Am Soc Clin Oncol; 1:C-177 1982

This study examined the level and prevalence of psychological distress in oncology outpatients. Two hundred and sixteen consecutive patients were asked to complete a battery of standardized tests of psychosocial adjustment, including the SCL-90. Completed and usable tests were returned by 141 patients, 40 males and 101 females. Mean age was 57.2 yrs. The group was heterogeneous as to diagnosis. Median time since first diagnosed was 19.8 mos. When compared to a group of normal female non-patients and psychiatric outpatients, the cancer patients had mean scores consistently higher than normal non-patients but lower than psychiatric patients on all subscales of the SCL-90. Compared to normal females, the cancer patients had the highest subscale scores on somatic concerns, depression, and feelings of interpersonal alienation, placing at the 87th, 84th and 81st percentiles, respectively. In terms of prevalence of distress, when compared to all normals, between 9.7% and 44.4% of cancer patients reported moderate to high levels of psychological distress, with the greatest proportion reporting somatic distress (44.4%), depression (39.9%) and interpersonal alienation (30.2%). A small proportion of patients (9.6%) reported moderate to high feelings of hostility. This study suggests a significant proportion of cancer patients report clinically meaningful levels of distress. However, a greater proportion do not. While the number of patients in distress is substantial, albeit less than generally believed, it is noteworthy that no patient spontaneously complained of being in distress. (no Refs)

16. PSYCHIATRY CONSULTATION IN A CANCER CENTER (MEETING ABSTRACT)

Fetting JH, Sitley KN, Capozzoli KD
The Johns Hopkins Oncology Center, Baltimore, MD, 21205
Proc Am Soc Clin Oncol; 1:C-179 1982

The development of early detection and intervention psychiatry programs in cancer centers requires identification of patients at risk. We have reviewed the data accumulated by the adult psychiatry consultation service of our cancer center to help plan such programs. During the first 9 months of operation, we saw 55 patients (5.6% of total admissions and 8.9% of patients admitted) on our four inpatient units (2 for general oncology, 1 each for leukemia and bone marrow transplantation (BMT)). Of those referred 92.1% received a formal psychiatric diagnosis using reliable criteria (DSM-III). Adjustment disorders were diagnosed in 36.5%, delirium and/or dementia in 34.9%, substance abuse disorders in 11% and major depressive episodes in 9.5%. A significant past psychiatric history existed in 49% of all patients referred and in 36% of their families. Disseminated disease was present in 73% of patients and only 28% were classified as partial or complete responders. BMT recipients accounted for 24% of consults but only 10% of admissions. No other group of patients was disproportionately represented. Patients for whom psychiatric consultation was requested had longer admissions than that of the average patient. Treatment recommendations in patients with non-cognitive disorders involved psychologically derived management plans in about 90% of cases. These plans required significant staff effort for successful implementation. (no Refs)

17. LATE PSYCHOLOGICAL AND INTELLECTUAL EFFECTS ON PATIENTS AND THEIR FAMILIES FOLLOWING DEFINITIVE RADIOTHERAPY FOR CHILDHOOD MEDULLOBLASTOMA (MEETING ABSTRACT)

Silverman CL, Thomas PR, Palkes H, Kovnar E, Talent B, Bedwinek JM
Mallinckrodt Institute of Radiology, St. Louis, MO, 63110
Proc Am Soc Clin Oncol; 1:C-194 1982

Only recently have there been sufficient survivors of medulloblastoma to investigate late effects of treatment on higher brain functions. We have examined eight patients who were initially treated a minimum of three years ago with total neuraxis irradiation without chemotherapy for medulloblastoma and are now presently disease free. All patients were treated before the age of ten years. Six nearest age siblings were compared to the medulloblastoma patients. No treated patient had a verbal or performance IQ that exceeded the age matched sibling and all but one scored lower. In the eight patients the median verbal intelligence quotient (IQ) was 87, the median performance IQ was 87, and the median full scale IQ was 86. In the six siblings the median verbal IQ was 100, performance IQ 113 and full scale IQ 104. Of particular interest is the psychological effect of the treatment on the other members of the family. When asked to draw the family circle siblings often represented the patients as being outside the group and sometimes even represented them as dead. Parents also admitted to regarding their children in a different light in that they frequently coped with identical behavior in patient and sibling in distinct ways. (no Refs)

18. THE CHILD WITH CANCER: ISSUES OF SEPARATION AND LOSS.

Obetz SW
Mayo Medical Sch., Rochester, MN
Psychiatr Ann; 12(3):317,320-324 1982

Psychological experiences of those dealing with the death of a child with cancer (particularly leukemia), as well as the child's own view of death, are discussed. Feelings and behavior at various stages of illness, including initial diagnosis, initial treatment, remission, long-term survival, relapse and terminal course, and post-death reintegration, are addressed. (17 Refs)

19. SOME SOCIAL PROBLEMS OF PATIENTS WITH MALIGNANT TUMORS.

Karaskova A
Socialni sluzba, Krajska nemocnice s poliklinikou, Volgogradska 71, Ostrava 4, Czechoslovakia
Cesk Zdrav; 30(3):142-144 1982

The social problems of 150 patients with cancer of various organs (breast, uterus, uterine cervix, ovaries, prostate, larynx, rectum) were analyzed. Conflicts within the family and at work were found to be frequent. Many of the patients cared for seriously ill or incurable family members. The findings suggest that long-term stress may play an important role in the development and course of diseases. (no Refs) (In CZE)

20. CHEMOTHERAPY FROM AN INSIDER'S PERSPECTIVE.

Cohn KH
Harvard Surgical Service, New England Deaconess Hosp., 194 Pilgrim Road, Boston, MA, 02215
Lancet; 1(8279):1006-1009 1982

Problems confronting physicians who become cancer patients are described. Such problems include reaction of healthcare workers to their own mortality, inadequate explanations, stereotypes, morbid curiosity, specialty differences in outlook, and inside knowledge. The stress of therapy termination is described, It is suggested that the patient requires the physician's support and care even after the chemotherapy has been discontinued. (no Refs)

21. REHABILITATION OF LUNG CANCER PATIENTS.

Gerasimenko VN, Shabashova NIa, Golubev AN
No affiliation given
Vopr Onkol; 28(2):61-65 1982

Various aspects of social and vocational rehabilitation of lung cancer (LC) patients are discussed. The efficacy of rehabilitation depends upon the preoperative state of the respiratory function, the extent of surgery, and the presence of postoperative complications. Analysis of special questionnaires which were sent to recurrence- and metastases-free LC patients showed that 78% of the patients aged 40-60 yr returned to work. Among these patients, 64.2% returned to work shortly after surgery, 13.3% returned to work 1 yr later, and 22.5% returned to work 2 yr after the surgery. (no Refs) (In RUS)

22. COPING WITH A STOMA - A COMPARATIVE STUDY OF PATIENTS WITH RECTAL CARCINOMA OR INFLAMMATORY BOWEL DISEASES.

Kuchenhoff J, Wirsching M, Druner HU, Herrmann G, Kohler C
Psychiatrische Klinik der Universitat, D-6900 Heidelberg, W. Germany
Psychother Psychosom; 36(2):98-104 1981

Four hundred and nine patients who had either an implantation of a stoma or a bowel resection for either colorectal carcinoma or colitis/ileitis answered a 200-item questionnaire. A discriminant analysis revealed a higher degree of pre- and postoperative depression and a decrease of social activities for stoma patients who also more often lived in rural areas in comparison with patients with the same diagnosis who only had a resection. A comparison of operated cancer patients with patients operated for ulcerative colitis or Crohn's disease showed less depression before and after surgery in cancer patients. Cancer patients also frequently ceased sexual activities after the operation, and they came from much more remote rural areas than the comparison group, irrespective of the type of operation performed. (Author abstract) (28 Refs)

23. HORTICULTURAL THERAPY ON A HEMATOLOGY/ ONCOLOGY (HEME/ONC) UNIT (MEETING ABSTRACT)

Mandeville ME, CeBulkey GA, Koller CA
Matthaei Botanical Gardens and Simpson Research Institute, University of, Michigan Ann Arbor, MI, 48109
Proc Am Soc Clin Oncol; 1:C-184 1982

Prolonged hospitalization is often necessary for treatment of malignancy using today's technology. Patients with life-threatening illnesses are subject to negative psychological reactions including depression, isolation, or low self-esteem. However, the major emphasis of staff-patient interactions focuses around underlying pathophysiological processes. Horticultural therapy (HT) is a medium that uses plants, gardening, and nature-related activities therapeutically to increase the level of motivation and accomplishment for various groups of disabled persons. The interaction of the horticultural therapist with patients is independent of the patients underlying disease. We hypothesized that HT might provide heme/onc patients with positive life-oriented activities and goals and thereby reduce depression, the sense of isolation, and the feeling of low self-esteem. Preintervention psychological screening indicated only minimal evidence of depression, minimal evidence of low self-esteem, and minimal evidence of a feeling of isolation. HT was very well accepted by our patient population, with 9/13 stating that they thought it helped very positively and 4/13 positively in a nonleading assessment questionnaire. Comments suggested that HT made patients feel good, took their mind off their troubles, and helped relieve tension and anxiety. All patients recommended it for other patients. Our preliminary data suggest that depression, isolation, and low self-esteem may not be prevalent psychological states on our inpatient unit. (no Refs)

NUTRITIONAL EVALUATION AND SUPPORT

24. SERUM VITAMIN LEVEL MAINTENANCE IN CANCER PATIENTS ON TOTAL PARENTERAL NUTRITION.

Kirkemo AK, Burt ME, Brennan MF
(c/o Brennan) Gastric and Mixed Tumor Service, Dept. Surgery, Memorial Sloan-Kettering Cancer Center, New York, NY, 10021
Am J Clin Nutr; 35(5):1003-1009 1982

The quantity of water and fat soluble vitamins required to maintain serum levels in cancer patients on total parenteral nutrition (TPN) has yet to be determined. A prospective evaluation of our current intravenous vitamin regimen during TPN was performed in order to define these requirements. Seventy-five patients receiving 97 TPN courses for 7 to 60 days were studied. Serum levels of vitamins A (74 courses), B12 (85), folate (62), C (97), and 25-OH-cholecalciferol (25-OH-D) (9) were available for analysis. Daily vitamin intakes were recorded and serum levels were determined weekly. Restoration and maintenance of normal mean serum vitamin levels were achieved for all but 25-OH-D. However, analysis of individual courses in previously depleted patients revealed that serum levels were not restored in three patients (4%) for vitamin A and six patients (66%) for 25-OH-D. A TPN regimen designed to provide the following weekly vitamin quantities: A: 21,000 IU, D: 2,100 IU, C: 3,500 mg, B12: 126 ug, and folate: 7 mg will maintain mean serum vitamin levels for all but 25-OH-D. This regimen has the ability to uniformly restore and maintain vitamins B12, C, and folate in all patients but not in those patients previously deficient in vitamins A and D. (Author abstract) (38 Refs)

25. IRON (FE) AND MANGANESE (MN) NUTRITIONAL STATUS IN CANCER PATIENTS ON TOTAL PARENTERAL NUTRITION (TPN) (MEETING ABSTRACT)

Askari A, Long CL, Kramer JD, Geiger JW, Blakemore WS
Medical College of Ohio, Toledo, OH, 43699
Fed Proc; 41(3):281 1982

Fe deficiency is prevalent in all strata of society while that of Mn is rarer. Fe and Mn are competitive essential trace elements linked to neoplasia; however, not much is known about their metabolism during malignancy. Therefore 6 non-metastatic cancer patients on 2440 +/-90 Kcalories TPN supplemented with 2 mg zinc (Zn), 1 mg copper (Cu), 0.4 mg Mn and 0.06 mg iodine/day were studied over 86 days (mean, 14 days each). Fe and Mn urinary losses of cancer patients were compared to those of normal subjects by the Student's test: p less than 0.001 for both Fe and Mn. Other parameters were also analyzed. Mean +/- SEM daily urinary losses by cancer patients were 386 ug Fe, 54.4 ug Mn. 1816 ug Zn, 329 ug Cu, 13.9 g nitrogen (N), 59 mEq potassium (K), 163 +/-9 mEq sodium (Na), 11.8 g urea (U), 1.1 g creatinine (C). Corresponding losses by 20 normal subjects over 80 days (mean, 4 days each) were 235 ug Fe, 36 ug Mn, 429 ug Zn, 99 ug Cu, 8.8 g N, 51 mEq K, 124 mEq Na, 7.5 g U, 1.3 g C. Differences were significant with p less than 0.001 except for K where p was greater than 0.01 less than 0.02. These urinary excretions illustrate the magnitude of Fe and Mn losses by hospitalized cancer patients supported by TPN and BP. Metabolic balance studies are required to assess their whole-body needs. (no Refs)

26. A PROSPECTIVE RANDOMIZED CLINICAL TRIAL OF TOTAL PARENTERAL NUTRITION IN CHILDREN WITH CANCER.

Donaldson SS, Wesley MN, Ghavimi F, Shils ME, Suskind RM, DeWys WD
Div. Radiation Therapy, Dept. Radiology, Stanford Univ. Medical Center, Stanford, CA, 94305
Med Pediatr Oncol; 10(2):129-139 1982

A prospective randomized clinical trial was undertaken to test the efficacy of total parenteral nutrition (TPN) among previously untreated children receiving abdominal/pelvic irradiation with or without adjuvant chemotherapy who were at risk for wt loss, malnutrition, and complications from treatment. Children were evaluated by wt/height determinations, anthropomorphic measurements, and laboratory studies. TPN was associated with an improved nutritional status during therapy as compared with control patients on ad libitum intake. However, when TPN was discontinued, wt declined and there were no differences among treated and control patients detected at 3-mo follow-up. Likewise there was no obvious effect from TPN on tolerance to therapy in the adequately nourished child. TPN as initial supportive therapy should be reserved for those children who are malnourished or marginally malnourished at the time of presentation. Close nutritional assessment during treatment is essential since approx 25% of children undergoing abdominal/pelvic radiotherapy with chemotherapy can be expected to become malnourished during an initial course of therapy. (Author abstract) (20 Refs)

27. HYPERALIMENTATION IN CANCER: ANOTHER VIEWPOINT.

Copeland EM
Univ. Texas Medical Sch., Houston, TX
West J Med; 136(5):430-433 1982

The controversy over use of iv hyperalimentation (IVH) for cancer patients is discussed. Studies of this problem should combine the following elements: random assignment of malnourished patients between conventional nutritional maintenance and IVH, a control group of well-nourished patients on conventional nutritional maintenance, cancer that is moderately responsive to drugs, drugs with moderate gastrointestinal toxicity, and tumor response to therapy correlated with nutritional response to nutritional therapy. IVH should be reserved for truly malnourished cancer patients for whom antineoplastic therapy is available. (6 Refs)

28. NURTIENT INTAKE OF CHILDREN WITH CANCER (MEETING ABSTRACT)

van Eys J, Carter P, Carr D, Ramirez I, Coody D, Taylor HG
M. D. Anderson Hospital and Tumor Institute, Houston, TX, 77030
Proc Am Soc Clin Oncol; 1:C-244 1982

Two-hundred-seventy-seven pediatric patients received a nutritional assessment at the MD Anderson Hospital. Initial dietary intakes of patients with no prior treatment demonstrated a diet similar to the general population, when compared to the data of the Health and Nutrition Examination Survey (HANES), United States. The caloric intake was 75 percent of recommended dietary allowances (RDA) in a group of patients with nonmalignant diseases, and 80 percent RDA in groups of patients with hematopoietic malignancies or with solid tumors. Protein intake was greater than 100 percent of RDA for all groups. Dietary iron was the nutrient lowest in intake with a range of 70-78 percent of RDA. At six month evaluations no significant changes occurred except for an increase in iron, niacin, riboflavin and protein in the group with solid tumors. The incidence of malnutrition was not different from the general population, in agreement with the dietary data, with one exception: for Ewing's sarcoma the weight/height percent of norm was 84.22 +/-6.57 as compared for the total population of 102.31. With this one exception most malnutrition seen in pediatric cancer patients appears to be iatrogenic. (no Refs)

29. WEIGHT GAIN IN THE ADJUVANT CHEMOTHERAPY OF BREAST CANCER (MEETING ABSTRACT)

DeConti RC
Baystate Medical Center, Springfield, MA, 01107
Proc Am Soc Clin Oncol; 1:C-279 1982

Obesity has been incriminated as a factor in both the development of breast cancer, and in the frequency of relapse of Stage II breast cancer. Weight gain is a common, clinically well appreciated, but rarely quantitated, phenomenon accompanying the chemotherapy of breast cancer. This study set out to investigate weight gain in 53 consecutive women given adjuvant combination chemotherapy with Cytoxan, Methotrexate, and 5-Fluorouracil (CMF) with or without Prednisone and Tamoxifen (PT) during the last five year period, from 1975-1980. The data were analyzed according to pretreatment weight, number of positive axillary lymph nodes, menopausal status, and estrogen receptor values. Only three patients lost weight during chemotherapy. Forty-five percent of the patients gained in excess of 10% of their pretreatment body weight. Weight gain exceeded 10 kilograms (kgs) in 25% of the patients. The median weight gain with CMF was 4 kgs in comparison to a median of 8.8 kgs for CMFPT regimens. Weight gain could not be correlated with pretreatment weight, the number of positive nodes, menopausal status, estrogen receptor values, or relapse rates. The long-term implications of weight gain, in relationship to prognosis are not known at this time. The high frequency of significant weight gain with adjuvant chemotherapy suggests the need for the development and incorporation of nutritional counseling and weight control programs in the management plans for these patients. (no Refs)

30. NUTRITIONAL ASSESSMENT AND SURGICAL INFECTIONS IN PATIENTS WITH GASTRIC CANCER OR PEPTIC ULCER.

Dionigi P, Nazari S, Bonoldi AP, Cividini F, Olezza S, Dionigi R
Istituto di Patologia Chirurgica, Policlinico San Matteo, Univ. Pavia, 27100 Pavia, Italy
JPEN; 6(2):128-133 1982

The type and frequency of variations in simplified nutritional assessment parameters were compared in 32 patients with gastric cancer and 24 patients with benign peptic ulcer. Values of hemoglobin, total serum protein, albumin, serum iron, and percentage of usual body weight were significantly different between the two groups; 12 other nutritional and immunologic measures did not differ. Only preoperative delayed hypersensitivity response was correlated with tumor stage. (46 Refs)

31. FEEDING GASTROSTOMY. A REAPPRAISAL.

Wilkinson WA, Pickleman J
(c/o Pickleman) Dept. Surgery, Loyola Univ. Medical Center, 2160 South First Ave., Maywood, IL, 60153
Am Surg; 48(6):273-275 1982

A retrospective review of 67 patients undergoing feeding gastrostomy for nutritional support over a 10-yr period disclosed a 30 day mortality rate of 30% following this procedure. Patients with head and neck carcinoma and those patients who were not in coma at the time of the procedure enjoyed extended and useful long-term survival. Patients who were in coma at the time of the procedure had similar mortality rates, but no patient ever regained consciousness afterward despite survival times of over 1 yr. It is our conclusion that feeding gastrostomy in comatose patients is a questionable procedure and one which is unlikely to benefit the patient. It would appear that the only present day rationale for the performance of a feeding gastrostomy in comatose patients lies in the facilitation of their nursing care and their transfer to a chronic care facility. (Author abstract) (2 Refs)

32. TASTE THRESHOLDS OF PATIENTS WITH CANCER OF THE ESOPHAGUS (MEETING ABSTRACT)

Lad T, Booth P, Kohrs MB, McGuire WP, Kamath S
University of Illinois, Chicago, IL, 60612
Proc Am Soc Clin Oncol; 1:C-231 1982

Twelve patients with untreated cancer of the esophagus and fourteen control subjects matched for age, smoking and alcohol consumption were tested for taste thresholds. Taste acuity for the 4 basic tastes was evaluated by 3 stimulus forced choice technique (Henkin). There were no significant differences between the groups for detection and recognition thresholds for sour, salty, sweet or bitter taste stimuli. Comparison of patients' detection and recognition thresholds with those of 8 young healthy non-smokers showed marked differences. Salivary urea nitrogen concentration was not different between patients and matched controls and did not correlate with bitter taste thresholds. Variable results have been reported for taste sensitivity in patients with malignant disease. In view of the results of this study and the many factors which influence taste acuity, it appears that a general statement regarding taste alterations in cancer patients cannot be made. Choice of appropriate control groups to correct for factors known to affect taste but not related to cancer per se is important for proper interpretation of taste testing results. (no Refs)

33. NUTRITION PROBLEMS IN CANCER PATIENTS: ROLE OF LEARNED FOOD AVERSIONS.

Sjoden PO
Institutionen for tillampad psykologi, Uppsala universitet, Uppsala, Sweden
Lakartidningen; 79(19):1911-1914 1982

Studies on food aversions show that patients undergoing certain forms of chemotherapy for tumors may develop aversion to certain foods, especially new and unusual ones. When the new food is ingested a few hours before the administration of certain cytostatic drugs, they produce gastrointestinal symptoms (nausea and emesis). This problem indicates the necessity to involve experienced psychologists in the complex management of cancer patients. (40 Refs) (In SWE)

34. SOCIO-DEMOGRAPHIC FACTORS AND COMPLIANCE TO A RANDOMIZED CLINICAL TRIAL (MEETING ABSTRACT)

Lanzotti V, Bhuchar VK, Wasserstrum K, Copeland E, Wesley M
M. D. Anderson Hospital and Tumor Institute, Houston, TX, 77030
Proc Am Soc Clin Oncol; 1:C-186 1982

Forty-eight patients with non-oat cell lung cancer were asked to participate in a randomized trial comparing chemotherapy plus total parenteral nutrition (TPN) with chemotherapy alone. Potential study patients were interviewed by a research social worker who completed a socio-demographic fact sheet before patients were solicited for study. Twenty-eight patients accepted randomization and 20 declined. Median family income for declining patients was 20-30,000 dollars yr compared to 5-10,000 dollars/yr for randomized patients. Seventeen of 20 declining patients compared to 15 of 28 randomized patients completed high school education. Thirteen declining patients but only six randomized patients had some college or vocational training. All five minority patients accepted randomization. Refusal of randomization was related to patient perceived differences in the TPN and no TPN treatment arms. Well nourished declining patients usually requested no TPN while malnourished subjects wanted special nutritional support. Patients may perceive differences in randomized treatment arms that investigators or institutional review boards do not recognize or consider important. In this study, patients with a higher level of income and education were more likely to refuse randomization due to perceived differences in treatment arms than patients with less income and formal training. The interrelationship between patient, investigator, consent methodology, and study design is complex. (1 Ref)

NURSING CARE

35. THE ROLE OF THE NURSE ON THE BREAST UNIT.

Gray S
Breast Unit, Royal Marsden Hosp., Sutton, Surrey SM2 5PT, England
Breast Cancer Management: The Experience of the Combined Breast Clinic, St. George's Hospital/The Royal Marsden Hospital. Coombes RC, Powles TJ, Ford HT, and Gazet JC, ed. London, Academic Press, 317 pp., 1981.

The role of the nurse specialist/counselor, staging unit nurse, iv chemotherapy nurse in the breast unit, and the Royal Marsden approach are discussed. Problems associated with primary diagnosis and treatment and with radiotherapy and chemotherapy are presented. Counseling of a patient is initiated at the first appointment, where the nurse can ascertain the patient's feelings about the possible diagnosis. Husbands and close relatives may be interviewed and their degree of anxiety gauged, and any extra support needed during hospitalization can be planned at this stage. (4 Refs)

36. MANAGING INTRAPERITONEAL CHEMOTHERAPY. A NEW ASSAULT ON OVARIAN CANCER.

Jenkins JF, Hubbard S, Howser D
Dept. Nursing, NIH, Bethesda, MD
Nursing; 12(5):76-83 1982

Dialysis intraperitoneal chemotherapy (IPC) delivers high concentrations of cytotoxic drugs directly into the abdominal cavity, (the major site of tumor involvement). Advantages of IPC are greater effectiveness of chemotherapy and a decrease in the systemic toxicity that usually accompanies iv and oral chemotherapy. Clinical evaluation of IPC should be performed in patients who have minimal residual disease. Drug penetration is greater when the tumor mass is small increasing the probability that all malignant cells in the mass are exposed to high concentrations of antitumor drugs. The drug should be instilled in a large vol of fluid to ensure exposure of the entire peritoneal surface to the drug. Coadministration of drugs that decrease hepatic or renal excretion should be avoided during the IPC therapy, in order to prevent accumulation of the antitumor agent in the systemic circulation. Before starting dialysis with chemotherapy, the surgical incision around the catheter is allowed to heal for 7-10 days. The most common complication of dialysis is abdominal pain or discomfort which can occur because of peritoneal irritation during the first few days following catheter placement incomplete drainage of dialysate soln (DS), failure to warm the DS to body temperature, chemical peritonitis, and bacterial peritonitis. (12 Refs)

37. MODIFICATIONS IN THE TREATMENT OF VULVAR CANCER: IMPACT ON NURSING CARE (MEETING ABSTRACT)

Dozier AM
Cancer Center of the University of Rochester Medical Center, Rochester, NY, 14642
The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

This presentation will review treatment modifications in vulvar cancer and their impact on nursing care. The nurse's role throughout any patient's disease includes: reassurance, teaching, physical care and patient advocacy. This requires the nurse to understand the rationale and expected outcomes of treatment and be prepared to deal effectively with patient's fears, anxieties and problems. In recent years gynecologic oncologists have modified the treatment of vulvar cancer patients. These modifications were stimulated by the patient's desire to preserve the cosmetic appearance and the physiologic functioning of the perineal structures (eg, clitoral orgasm), the disease's changing age distribution, the long term difficulties experienced by radical vulvectomy patients, and the ongoing question of whether radical surgery prolongs life in patients with advanced disease. By means of case studies, the expected outcomes and difficulties encountered by these patients are reviewed. Included in this review are: patient anxieties, rationale for treatment, cosmetic appearance and patient satisfaction with result, orgasmic capability, wound care, and short and long term complications. Conclusions focus on delineating nursing care issues in need of further systematic study. (no Refs)

38. WHEN THE CANCER PATIENT CAN'T BREATHE (MEETING ABSTRACT)

Maxwell MB
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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

People with advanced cancer are often short of breath. Some may request home oxygen. Arterial blood gases, however, are usually normal. There is a difference between breathlessness and dyspnea, with 7 grades of sensations. Dyspnea's mechanisms are not well understood: like pain it is totally subjective and not quantifiable. Because breathing is work, in disease states a variety of abnormalities can increase the work greatly. This means more oxygen is needed. Dyspnea in the cancer patient can be caused by 1) systemic effects of disease; 2) local effects of primary or metastatic tumor; 3) cancer therapy; 4) indirect effects; 5) pre-existing lung pathology. At a clinic visit the nurse practitioner needs to distinquish between the acutely breathless (more likely to be treatable) and the person whose dyspnea has been developing slowly. The most problematic dyspnea is treatment-induced pulmonary fibrosis, which is rare and best prevented. Factors responsible for the common breathlessness of most cancer patients are not eailsy separable. For breathless episodes the positioning, relaxing, and coughing techniques developed for chronic pulmonary insufficiency can be taught. Fears can be allayed by education. Because dyspnea is related to the ventilatory component of pulmonary function rather than gas exchange, blood gases are not helpful in determining cause but can show physiologic impairment. The need for supplemental O2 is assessed by PO2, not % saturation. O2 is required for PO2 below 55, may be helpful for 55-70, and is not needed over 70. O2 is a major drug with toxic as well as beneficial effects: its use is technically questionable if the patient is not hypoxemic. (no Refs)

39. DEVELOPMENT OF A LIAISON NURSE ROLE FOR DISCHARGED BONE MARROW TRANSPLANT PATIENTS (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

Bone marrow transplant as a treatment for patients with acute leukemia and aplastic anemia has been meeting with increased success. Not only are more patients surviving the treatment, but patients are recovering more quickly and are able to leave the hospital earlier than before. The necessity for close medical follow-up for about 100 days after bone marrow transplant (BMT) has increased the number of BMT outpatients in the Oncology Outpatient Department. A physician's assistant assigned to provide primary care to BMT outpatients is responsible for medical management but is not prepared to address the numerous other needs of these patients. In order to provide consistent follow-up care for these patients and to facilitate communication with the OPD nurses, a nurse from the inpatient unit was assigned to the OPD several days a week. As a result of this experience, the role of the BMT liaison nurse was developed. This role has evolved to include directing weekly 'BMT clinic', pre-discharge teaching and follow-up, problem-solving, psychosocial support, and resource to both in and outpatient nursing staffs. No formal evaluation has been undertaken, but informal feedback from patients and families has revealed decreased anxiety associated with discharge and positive feelings at identifying a familiar nurse in the clinic. Both in and outpatient staff have voiced a feeling of satisfaction at having a nurse with time available to spend with BMT outpatients and having a resource person to ask questions of. (no Refs)

40. WOUND HEALING IN THE IMMUNOSUPPRESSED HOST.

Kottra CJ
Univ. Chicago Billings Hosp., Chicago, IL
AORN J; 35(6):1142,1144-1145,1148 1982

Biological aspects of immunologic compromise are reviewed with respect to planning a specialized nursing approach to wound care. The components of the immune system that contribute to wound healing include the inflammatory response, phagocytosis, and humoral and cell-mediated immunity. Immunosuppressive conditions that delay wound healing include immunologic disease, age-related deficiencies, conditions or diseases such as malnutrition and cancer, and immunosuppressive drugs, including steroids, antiinflammatory agents, and cytotoxic drugs. Cancers such as multiple myeloma, chronic lymphocytic leukemia, and lymphosarcoma result in deficiencies in circulating immunoglobins which are exacerbated by antineoplastic drug therapy, irradiation, poor nutrition, and general debilitation due to disease. Cytotoxic drugs, including actinomycin D, 5-fluorouracil, colchicine, and vinblastine sulfate, frequently inhibit the healing of surgical wounds. Wound healing in the immunosuppressed patient requires that the injured area remain a favorable environment for inflammatory, fibroblast, and endothelial cell activities. Nursing care which involves increasing local blood flow, providing adequate nutrition, assessing immunologic support measures, and meticulous wound care can promote wound healing in patients from high-risk populations. (12 Refs)

41. PROMOTING WOUND HEALING IN THE IRRADIATED PATIENT.

Frogge MH
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AORN J; 35(6):1088-1093 1982

The surgical candidate who has received previous radiation therapy requires special nursing care during preoperative, intraoperative, and postoperative phases to reduce morbidity and surgical complications. Such care is discussed. Timing of surgery after irradiation is important to healing success: 4-6 wk after completion of radiotherapy is ideal because tissues are in the proliferation phase of healing, and fibrosis and vascular narrowing have not occurred. Preoperatively, the patient's diagnosis, radiation dose, reactions to treatment, other treatments, and state of general health must be assessed. The operating room nurse can contribute to successful surgery by careful attention to body alignment, skin preparation, aseptic technique, tissue handling, circulatory and respiratory status, and replacement of drains and dressings. The major complications following surgery are poor wound healing, infection, and malnutrition. Radiation, particularly at doses greater than 4,000 rads, leads to cellular and tissue damage, acute inflammatory reactions, and chemical and genetic alterations that impede recovery. Poor wound healing is manifested as fistulas, dehiscence, or more commonly by a prolonged period of delayed healing. Complications are more frequent and sometimes fatal when surgery is performed greater than 6 wk after radiotherapy; infection is the most common postoperative problem. Meticulous wound care that minimizes chemical and physical trauma to the wound and aggressive nutritional care may aid in reducing postoperative infection. Care should continue at home through education of the patient in techniques for self-management of recovery. (13 Refs)

42. SAFE ADMINISTRATION OF ETOPOSIDE (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

Etoposide (VP16-213) is a semi-synthetic epidophyllotoxin derived from the root podophyllin. It has single agent antineoplastic activity and can be used in combination with other agents on an investigation basis in the treatment of a variety of cancers. We have been using VP16-213 in combination with other agents for the treatment of metastatic non-oat cell bronchogenic carcinoma. With the advent of newer protocols such as ours requiring high doses of etoposide (300 mg/m(2)) administering this agent in a busy outpatient setting can pose a problem for the nurse. A solution of 1 mg/ml in 0.9% normal saline, is only stable for 30 min and must be given within that period of time or a precipitate will form. Added to this is the concern of the potential hazard of hypotension upon infusion, which has been attributed to a too rapid infusion rate. For this reason our group designed a protocol to insure optimal safety in administering VP16-213 to patients receiving more than 225 mg per dose. Immediately before administration one-half of the prescribed dose is added to normal saline to make a final concentration of 1 mg/ml. The blood pressure is measured sitting and supine. The drug is administered while the patient is supine. Doses ranging between 150-250 mg are infused over 30 min and blood pressures are monitored each 15 min. The rate of infusion is altered depending upon the results of the blood pressure measurement, following set guidelines. The second half of the dose of drug is prepared and infused at the same rate following precautions as above. Normal saline is available to be infused at a keep-open rate in the event of severe hypotension (a drop of 30 mm Hg). To date we have given 25 infusions to 5 patients with lung cancer following the above protocol without adverse effects. We attribute this safety to our use of measurement of blood pressure to guide the administration of VP16-213. (no Refs)

43. PATIENT EDUCATION: THE KEY TO PROVIDING INDEPENDENCE FOR CHEMOTHERAPY PATIENTS USING INDWELLING SILASTIC CATHETERS AND AMBULATORY INFUSION PUMPS (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

Lifestyle disruptions due to chemotherapeutic agent administration can be greatly minimized with the use of an indwelling silastic catheter and an ambulatory infusion pump. Extensive, creative patient education is mandatory for patient management of self-administered chemotherapy. Patients with advanced breast cancer were being admitted to our oncology hospital every three weeks for a period of five days to receive Velban chemotherapy. In addition, a subclavian catheter was placed during each admission due to the sclerosing effects of this therapy. To minimize the inconvenience created by this regime, a protocol was developed which consisted of inserting a Hickman or Broviac catheter, providing a Cormed Ambulatory Infusion Pump for chemotherapy administration and instructing the patient in the care of these devices. Using this system, the patient is seen once every three weeks on an outpatient basis to pick up the Velban and independently cares for the catheter and infusor between visits. Intensive patient education is necessary for the patient to assume the care of the catheter, insertion site and infusor. To facilitate this patient education, a loose-leaf booklet of information was developed by nursing personnel. The loose-leaf format allows the nurse to add or delete materials depending on the needs and abilities of the individual patient. Teaching begins with admission for catheter placement. Review sessions can be given as needed during clinic visits. The system of indwelling catheter and ambulatory infusion pump decreases hospitalization time and costs, and increases independence for the patient. (no Refs)

44. DEVELOPING A CERTIFIED CHEMOTHERAPY COURSE FOR REGISTERED NURSES - TOWARDS STANDARDIZATION OF CARE (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

Cancer is a major health problem in northeastern Maine and with improved diagnostic tests and treatment protocols, chemotherapy is assuming a major role in its treatment and cure. This expanding role results in increasing implications for patient care by skilled personnel. The administration of investigative chemotherapy through protocols is a nursing function which must be learned within a framework of established standards of performance. The purpose of Eastern Maine Medical Center's chemotherapy course is to instruct the registered nurse in the skills and techniques of chemotherapy and to enable the nurse to recognize and deal with specific side effects. The program developed through the Eastern Maine Medical Center tumor clinic consists of didactic and experimental learning, emphasizing psychomotor skill application. For successful completion, participants must pass a written exam based upon information provided in the course programmed instruction text, and accurately perform specified chemotherapy administration procedures under supervision. A vital component of the course is yearly recertification consisting of one day in the clinical setting redemonstrating skills. As a result of this course, patient and family teaching has improved in completeness and consistency. (no Refs)

45. INITIAL STUDIES OF THE POTENTIAL HAZARDS TO PERSONNEL ADMINISTERING CHEMOTHERAPY: METHOTREXATE (MTX) AND ADRIAMYCIN (ADR) (MEETING ABSTRACT)

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Proc Am Soc Clin Oncol; 1:C-127 1982

Policies governing the preparation, administration and disposal of antineoplastic agents are being adopted by many institutions. These guidelines are based on limited and inconclusive data regarding the risk of systemic exposure to personnel. MTX and ADR, two of the more frequently administered cytotoxic agents for the treatment of malignancies, were chosen for initial studies of the potential hazards for nurses (RNs) who handle these drugs. Fourteen RNs from a variety of ambulatory care settings, which do not prescribe special precautions, were studied for systemic absorption of MTX and ADR as an indicator of risk. All RNs had at least 6 months experience handling cancer chemotherapeutic agents. Each nurse submitted blood (B) and/or urine (U) specimens for baseline MTX or ADR levels, and again after a period of maximum MTX or ADR exposure (MAX). MTX B and U assays, capable of detecting 1.0x10-9M and 2.0x10-10M respectively, and ADR B assays capable of detecting 5.0x10-9M, were performed. RNs not at MAX served as controls. Information was gathered regarding individual and routine drug handling practices in each setting. All MTX assays were negative. It would appear that current practices safeguard personnel from the risk of systemic absorption of MTX. ADR assays are pending. This study provides a workable model for further investigation of the hazards of handling antineoplastic drugs. (no Refs)

46. INVESTIGATIONAL THERAPY - THE NURSE LIAISON (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

This unique role was developed to meet the educational and supportive needs of staff nurses caring for patients receiving investigational chemotherapy. Too often, nurses providing direct patient care receive fragmented communication regarding the status of investigational chemotherapeutic agents. The Research Liaison Nurse provides staff, patient, and family with information related to investigational therapies and insures the dispersal of the most up-to-date information. Before the initiation of an investigational protocol, the Research Liaison Nurse formally meets with nursing staff to discuss: 1) the nature and background of the investigational therapy, 2) study objectives, 3) patient eligibility, 4) known toxicities, and 5) nursing management. Nursing management focuses on providing highly skilled nursing care in an effort to alleviate and/or control treatment toxicities. Accurate documentation with the principal investigator are stressed. A copy of the research protocol is distributed to nursing personnel. The Nurse Liaison interviews prospective patients and evaluates the need for teaching, counselling, and interdisciplinary referral. Nursing rounds provide an opportunity to update patient progress and enhance staff communication. We have found that this new nursing role has stimulated staff nurse interest in the use of investigational drugs and has incorporated the frontline staff nurse into the research team. (no Refs)

47. BIOLOGICAL RESPONSE MODIFIERS (BRM): NURSING IMPLICATIONS OF A NEW CANCER TREATMENT MODALITY (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

Oncology nurses should be aware of and involved, when feasible, in the development of new cancer treatment modalities. One such new modality, biological response modifiers, is merging the basics of immunology and advancing scientific technologies which have received much publicity recently. A BRM is an agent or approach which will modify the relationship between tumor and host by modifying the host's biological response to tumor cells with resultant therapeutic benefit. This may be accomplished by 1) the BRM causing direct toxicity to tumor cells, 2) by the BRM initiating or augmenting the host's response to the tumor and/or 3) by the BRM modifying tumor cells making them more susceptible to host responses. Interferons and monoclonal antibodies are just two examples of BRM. Nursing implications are numerous and include the following areas: 1) administration of experimental BRM agents, 2) prevention of morbidity from both the treatment and disease, and 3) educational and emotional support for the patient and family receiving a BRM. Patients receiving recombinant leukocyte A interferon, (Ro 22-8181 Hoffmann-LaRoche) as one example, will be reviewed. Side effects experienced have included: fatigue, anorexia, nausea, vomiting, diarrhea, headache and alterations in blood chemistries. (no Refs)

48. HUMAN LECKOCYTE INTERFERON: SIDE EFFECTS AND NURSING IMPLICATIONS (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

Interferon is a glycoprotein produced by cells in response to a viral infection. In addition, there is evidence that interferon has antineoplastic properties. In a cancer research institute in the southwestern United States, nurses are actively involved in the administration and monitoring of side effects of human leukocyte interferon. The human leukocyte interferon is produced from pooled white blood cells by the institute's interferon research laboratory. Clinical trials began as early as 1977. In order to monitor the side effects of human leukocyte interferon, a clinical research study was conducted to identify local and physiologic reactions of patients to the drug. A nursing flow sheet was designed and used as a tool for data collection. A total of 30 patients who received human leukocyte interferon between January 1980 and June 1981 were monitored. The human leukocyte interferon was administered via either the intravenous, intramuscular or intracavitary route. Doses ranged from 3 million units per day to 105 million units per day. The side effects observed were fever, chills, generalized weakness anorexia with or without nausea and vomiting, drowsiness, confusion, local skin reactions in the form of rashes, occasional mild SGOT elevation and myelosuppression in the form of thrombocytopenia. In contrast to conventional antineoplastic chemotherapy, there was no evidence of alopecia or ulceration in the mouth and gastrointestinal tract. The side effects were observed to be related to the drug dose and route of administration. (no Refs)

49. DOSE AND SCHEDULE EFFECTS OF RECOMBINANT LEUKOCYTE A INTERFERON ON THE NUTRITIONAL STATUS OF PATIENTS (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

Significant anorexia along with nausea, vomiting and diarrhea are side effects of pts (patients) receiving recombinant leukocyte A interferon (Ro 22-8181 Hoffmann-LaRoche). This Phase I biological response modifier is administered either BID or TIW intramuscularly in a dose escalating protocol. To date, 51 pts from two institutions have been evaluated for weight changes. For BID pts, weight changes ranged from +0.9 to-5.3 for total dose of 1 mil to 36 mil. For TIW pts, weight changes ranged from-1.1 to-1.5 for total dose of 1 mil to 36 mil; however weight change at 3 mil and 18 mil were-2.93 and-

4.11 respectively. Updated information including statistical analysis of these findings in relation to other nutritional assessments (eg total protein and albumin) and influencing factors (eg disease site and response) will be presented. Documenting and defining the nutritional effect of this new cancer treatment will aid nurses in assessing developing appropriate interventions to prevent morbidity. (no Refs)

50. COOPERATIVE STUDY GROUPS: A VEHICLE FOR NURSING RESEARCH (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

An Oncology Nursing Modality has been established as part of the cooperative study group Cancer and Leukemia Group B (CALGB). As a recognized component of a large and established cooperative group, oncology nurses are in a key position to execute nursing research. The availability of excellent, multidisciplinary, professional resources including physicians, psychiatrists, and statisticians as collaborators in CALGB will make the generation of nursing studies highly significant. This committee will implement studies related to nursing practice for the purpose of standardizing and improving care given to oncology patients. The Nursing Modality has 5 major objectives: 1) to improve clinical research in CALGB by upgrading the performance of oncology nurses, 2) to provide consistent patient care among member institutions, 3) to enhance the education background of nurses in research methods, 4) to allow for nursing input into developing reserach protocols, and 5) to formulate nursing research hypotheses and implement studies related to patient care. To meet these established goals, the 82 member committee representing 26 institutions was divided into 5 working subcommittees. They are: Patient Education, Nursing Education, Modality Liaison, Data Management, and Nursing Research. Carefully designed nursing studies will be executed as a cooperative effort among the participating institutions. (no Refs)

51. MULTIMODALITY CANCER TREATMENT: A MODEL FOR MULTIDISCIPLINARY PATIENT CARE (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

When multimodality therapy is chosen for patients with a diagnosis of cancer, professionals from various disciplines must utilize their expertise and skills to provide comprehensive patient care. Effective communications must be maintained among these care coordinators when caring for patients participating in randomized protocols. Essential to the care of these patients is accurate dissemination of medical and nursing information, clear explantations of the expected outcomes of treatment, and continuing emotional and psychological support for patients and their families. A randomized protocol for individuals with the diagnosis of soft tissue sarcoma is currently in progress at the National Cancer Institute. Surgery, intravenous chemotherapy, and external bean radiation therapy comprise the treatment plan. Using this protocol as a model, a multidisciplinary group presents suggestions for the recognition, treatment, and prevention of 'myths and misinformation,' scapegoating, and 'role overlap' in a complex program of patient care. (no Refs)

52. QUESTIONING TPN AS THE ANSWER.

Hushen SC
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Am J Nurs; 82(5):852,854 1982

Total parenteral nutrition (TPN) was used to sustain two patients who were dying of cancer. Although both patients benefitted physically and emotionally from TPN, the therapy also prolonged their survival and resulted in longer periods of intense suffering. The moral dilemma of sustaining a dying patient with TPN is discussed, and it is suggested that patients generally should not be started on parenteral feeding if such therapy has no curative intent and if the patient's suffering precludes such treatment. (12 Refs)

53. NEED: IMPLEMENTATION OF A MULTIDISCIPLINARY GROUP MODEL FOR WOMEN WHO HAVE HAD A MASTECTOMY (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

The stress of a mastectomy is not easily resolved; some women continue to have difficulty dealing with mastectomy-related issues for months or even years following surgery. Few of the programs developed to assist patients in learning to cope with cancer relate directly to the unique, long-term needs of women who have had a mastectomy. NEED was organized to address the extended needs of women post-mastectomy. Components of the program include Nutrition Education, Exercise, and Discussion. NEED promotes successful coping behavior through: 1) nutrition and diet education for the purpose of losing, gaining, or stabilizing body weight while maintaining an adequate nutritional status; 2) specialized aerobic dance, and isometric exercises which emphasize arm and shoulder movements, improve cardiovascular and general body tone, and facilitate increased physical activity; 3) discussion, both directed and non-directed, focusing on the emotional, physical, social, sexual, and other stresses and issues associated with a mastectomy and breast cancer. NEED is offered in a series of ten weekly two-hour sessions several times per year. Volunteer group leaders include nurses, physicians, social workers, dietitians, physical therapists, aerobics instructors, and trained post-mastectomy volunteers. To date, two ten-week NEED programs have been completed and a third program is in progress; a total of 36 women ranging from two and one-half months to seventeen years post-mastectomy have been reached. (no Refs)

54. 'TWIXT TWELVE AND TWENTY': MEETING THE EDUCATIONAL NEEDS OF THE ADOLESCENT WITH CANCER (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

Review of the literature in medicine, nursing, and the behavioral sciences has shown that while the psychosocial needs of adolescents with cancer are great, there is little information designed especially for them. Recognizing this gap, NCI has undertaken a project to develop educational materials for them. The materials are psychologically based on a view of normal adolescents confronting the additional stresses imposed by cancer. Adolescents face issues which are different from those of pediatric or adult patients. By specifically addressing areas of concern, the materials are designed to help adolescents cope with the disease, its treatment, and the impact of these on the developmental tasks confronting them. Sixty adolescent cancer patients and 53 health professionals participated in pretests designed to develop and validate the content and format of these materials. Patient and professional findings indicated the following: 1) Patients have little or no access to written or audiovisual materials about their disease; 2) they are willing to discuss sensitive issues; 3) they vacillate between wanting parental support and desiring to be independent of it; 4) they are concerned about returning to school; 5) they are fearful of appearing different to others; 6) they deem peer acceptance important; 7) they consider interactions with cancer peers of value; 8) they desire honest yet positive health professional contact; 9) they are concerned about their future. (no Refs)

55. PATIENT EDUCATION CONCERNING RADIATION THERAPY: MEETING CHANGING NEEDS (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

Approximately one-half of cancer patients receive some form of radiation therapy during the course of their disease. The prospect of receiving an invisible treatment and experiencing some degree of physical isolation is understandably anxiety-provoking to patients and family members. With increasing use of this treatment modality, which is commonly associated with apprehension, misunderstanding, and misconceptions, special attention to the education needs of the patient and family is warranted. Early in 1979, in response to those needs, NCI undertook preparation of a patient booklet focusing on radiation therapy to be available free of charge nationally. An extensive review of existing printed materials was undertaken. Broad objectives for the proposed publication were based on previous assessments of patient information needs concerning cancer treatment and objectives of NCI's Coping with Cancer program. The resulting publication, Radiation Therapy--A Guide to Self-Help During Treatment, is a synthesis and update of booklets produced at two other institutions. An extensive promotion of the booklet has been conducted. An evaluation by both health professionals and patient users nationwide is now being undertaken to determine the booklet's usefulness and to identify needed changes. Information collected from users will be presented and discussed. This process is proffered as a substantive and workable way to develop useful educational materials for patients and their families. (no Refs)

56. HOSPITAL-BASED HOME CARE EDUCATION FOR THE ONCOLOGY FAMILY (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

Health professionals recognize the family as an important resource and support to the oncology patient; however, teaching home care skills to families has historically been lacking or carried out in a less than optimal manner. In an effort to provide high quality, consistent, cost-effective education addressing the home care of the person with an oncologic disease, the department of nursing at a comprehensive cancer center has developed a one-day, hospital-based program designed to meet the expressed needs of oncology familes. Topics addressed include: physical care, psychosocial needs, oncologic emergencies, and community resources. Participants are evaluated for alterations in attitude and knowledge levels by means of questionnaires, pre-post tests, and demonstration of skills. The implications for the outcome of a home care teaching program include: increased confidence of patients and caretakers at the time of discharge, better utilization of hospital and community resources, and decreased length and frequency of hospitalizations. (no Refs)

57. SCHOOL EXPERIENCES OF CHILDREN WITH CANCER: A COLLABORATIVE NURSING RESEARCH STUDY (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

Successful return to school is the measure of rehabilitation for children with cancer. Recent studies have shown that not all children with cancer return to pre-diagnosis levels of school attendance and achievement. A multi-institutional study (University of Kansas, Duke University, University of Alabama) was undertaken to collect data regarding the following: 1) school attendance for a large group of children with cancer; 2) academic achievement; 3) assessment of school personnel's knowledge regarding childhood cancer; 4) implementation and evaluation of a school intervention program, designed and conducted by nurse oncologists. Results will be reported concerning each of these areas. The benefits and difficulties of inter-institutional collaborative nursing research were defined by conducting this study. These will also be addressed in the presentation. (no Refs)

58. MEETING PSYCHOSOCIAL NEEDS OF WARD NURSES CARING FOR ONCOLOGICAL PATIENTS IN A COMMUNITY HOSPITAL (MEETING ABSTRACT)

Hahn AP, McGarrell M, Hahn DM
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Proc Am Soc Clin Oncol; 1:C-200 1982

Weekly discussion groups were started on a medical-surgical service in a community hospital in response to the nurses' expressed need for learning re: psychosocial needs of cancer patients. The unexpressed need was the nurses' own feeings of uncertainty and hopelessness which needed an appropriate channel for expression. Meetings were initially organized around a patient displaying upsetting or confusing behavior for the staff. Through discussion of these behaviors the goals of the meetings were reached. The goals included: increasing learning re: human behavior, providing insight, and developing and implementing care plans incorporating the learning. Confidentiality was strictly adhered to. As the nurses began to experience confidence and trust in the leader and each other, other topics emerged such as their frustration and feelings of helplessness. This was addressed by emphasizing the universality of these feelings, and by reinforcing good patient care that was often overlooked by the nurses as not being significant or helpful in meeting patients' psychosocial needs. Emphasis was placed on developing communication skills so that the nurses could utilize each other as important sources of support. (no Refs)

59. NURSING AND THE ALLIED HEALTH PROFESSIONS: PARTNERS IN CANCER PATIENT CARE (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

Exciting opportunities exist for oncology nurses to establish productive collaborations with physical, occupational, and speech therapists. Lack of familiarity with the philosophies and activities of allied health professionals has often led nurses to limit consultations with therapists to problems pertaining to mastectomy or laryngectomy. In this paper, we propose new avenues for collaboration in caring for persons who have functional disabilities due to primary malignancies, metastatic disease, and/or various treatment modalities. We cite chronic pain, neurological deficits, muscle weakness, and fatigue as examples of disabilities which can significantly impair patients' performance of their daily living tasks. These may result in inactivity, dependence, and depression. We therefore explore early interventions by allied health professionals which can assist cancer patients in maximizing their functional abilities. We demonstrate the use of compensation techniques and assistive devices, as well as special precautions for patients with bony metastases and other oncologic complications. Finally, we stress our complementary roles in the multidisciplinary team, and the need for open communications. (no Refs)

60. THE ONCOLOGY CONFERENCE: GUIDELINESS FOR IMPLEMENTING AN EFFECTIVE METHOD OF CANCER EDUCATION (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

Providing health care personnel from community agencies with current cancer care information information remains a challenging aspect of cancer education. One effective method of statewide communication used by the Cancer Care Group of Arizona (CCGA) is an annual two-day oncology conference. The conference format is not a new educational concept; however smaller oncology groups may consider it a method too difficult to plan and finance. CCGA, a small multidisciplinary oncology group, attributes the increasing popularity of its annual conference to innovative planning, implementation, and evaluation techniques. Conference topics are directed toward nurses and other health professionals who are involved in the care of cancer patients. These caregivers identify specific education needs which are later formulated by CCGA into a conference theme and format. Included in this presentation are guidelines for: assessing educational needs of health providers in community agencies arranging for nationally-known and local speakers to present cancer information; securing monies for conferences expenses; and publicizing conference events inexpensively. The conference format is an effective means of conveying cancer information to community based healthcare personnel because 1) they are exposed to several unique formal approaches to cancer care; 2) they can easily exchange ideas about cancer care during informal discussion 3) information gained from the conference can be implemented by the smallest health care agency; and 4) the conference itself can easily be planned and implemented. (no Refs)

61. YOU, TOO, CAN EVALUATE: MEASURING THE EFFECTIVENSS OF CANCER EDUCATION COURSES FOR NURSES (MEETING ABSTRACT)

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Adelphi University, Garden City, NY, 11530
The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

The quality of any teaching program is enhanced through good evaluation. Today many nurses possess a specialized body of knowledge they are eager to impart to their peers through cancer nursing courses. The problem lies in designing and implementing evaluation strategies which measure the learning that took place in these courses. Faced with the seemingly insurmountable task of evaluating a program, the coordinator of a federally funded cancer nursing course found that assistance is available and evaluation language can be translated into meaningful and applicable terms. The key to this process is to combine evaluation specialists and cancer nursing educators who are open to learning new concepts. This combination resulted in our using process evaluation; pre and post affective and cognitive examinations as well as written and oral case studies. Findings indicate that cognitive knowledge always changed but affective measures showed little consistency. The case studies were the most valuable evaluation tool. In this way we demonstrated that student and instructor benefit from the evaluation process. (no Refs)

62. USING SITE SPECIFIC NURSING ALGORITHMS AS AN ADJUNCT TO ONCOLOGY NURSING GUIDELINES (MEETING ABSTRACT)

Wood H, Gaddis D, Melia M
Tri-State Community Hospital Oncology Program, Cincinnati, OH, 45267
The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

The Tri-State Community Hospital Oncology Program (CHOP), Nursing Committee was given the task of preparing site specific patient care nursing guidelines in co-operation with the CHOP NCI contract. An innovative model has been designed to provide the nurse with an ongoing reference of problems and needs associated with a specific cancer site and those associated with the treatment for that particular site. In practical use, the nurse selects the disease site algorithm at diagnosis and incorporates each guideline when the problem is manifested. Thus, an individual program of nursing care may be achieved. Also, the nurse is aware of potential problems which the patient may encounter in the future. Ways in which the algorithms and guidelines are implemented in both in-and out-patient settings with demonstrated examples from the ten Tri-State CHOP hospitals will be discussed. (no Refs)

63. CANCER STIGMA IN THE SOVIET UNION (MEETING ABSTRACT)

Miller SA
Stanford University Medical Center, Stanford, CA, 94305
The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

Some oncology nurses will remember the time when the truth was frequently concealed from the cancer patients and family and discussing medical information openly and honestly was not a common practice. Undoubtedly, there are some

American nurses practicing today in a similar environment of denial. Verbal exchange between American nurses and Soviet physicians on medical topics and current nursing roles revealed surprising impressions about cancer care in the USSR. The impact of concealing information on the Russian patient, family, and nurse will be explored. An American nurse's impressions during and eight-day post-operative recovery period in a large Russian hospital will be integrated into the presentation as it relates to the health care system. Nurses new to the specialty of oncology nursing may find the impressions of this educational exchange surprising, while nurses who remember cancer care prior to the 1960's may find much that is familiar. It is the intention of this presentation to review impressions of cancer care in the Soviet Union as well as to discuss the impact of the Russian philosophy 'to conceal' versus the American philosophy 'to tell'. (no Refs)

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ICRDB CANCERGRAM

REHABILITATION AND SUPPORTIVE CARE

NOVEMBER, 1982

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PHYSICAL REHABILITATION

1. A CORRELATIVE ANATOMICAL AND CLINICAL STUDY OF PAIN SUPPRESSION BY DEEP BRAIN STIMULATION.

Boivie J, Meyerson BA
(c/o Meyerson) Dept. Neurosurgery, Karolinska Sjukhuset, S-104 01 Stockholm 60, Sweden
Pain; 13(2):113-126 1982

Pain relief induced by deep brain electrical stimulation in five patients with severe cancer pain, and histopathologic findings at autopsy, are described. Previous treatment with adequate opiate medication for several mo, neurolytic blocks, etc had failed, and intracerebral stimulation was considered a viable alternative. In general, electrodes were introduced through a burrhole at an angle of about 45 degrees to the intercommissural plane and 20-30 degrees to the sagittal plane. Stimulation was performed for approx 20 min with a battery driven stimulator at a frequency of 30 hertz, with a pulse duration of 0.2 millisecond and an estimated current of 0.2-0.4 milliamp. Patients died from their malignancy 3 wk to 17 mo after electrode implantation. Autopsies revealed no major neuronal changes except loss of large neurons in limited segments along the electrode tracts. In two of five cases a thin fibrous sheath was observed surrounding the electrode tracks at some levels. These results indicate that it is critical that precise implantation and stimulation be accomplished to achieve successful pain relief, and that this is possible with currently available stereotactic equipment. (22 Refs)

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HE 20.3173/2:

2. IMPLANTED CONTINUOUS EPIDURAL MORPHINE INFUSION SYSTEM. PRELIMINARY REPORT.

Harbaugh RE, Coombs DW, Saunders RL, Gaylor M, Pageau M
Section Neurosurgery, Dartmouth-Hitchcock Medical Center, Hanover, NH, 03755
J Neurosurg; 56(6):803-806 1982

A number of reports have shown that epidural or intrathecal administration of morphine provides pain relief. Since February, 1981, the authors have used an implantable pump and epidural catheter for continuous epidural morphine infusion in patients with chronic pain. This system has functioned well, without respiratory or infectious complications. Functional characteristics of the system, technique of implantation, and preliminary results in two patients treated by this method are presented. (Author abstract) (24 Refs)

3. POSTOPERATIVE PERIDURAL ANALGESIA WITH MORPHINE IN CANCER PATIENTS.

Krokhalev GA, Bashkirskii AE
Regional Oncological Dispensary, Cheliabinsk, USSR
Vestn Khir; 128(4):121-123 1982

Efficacy of postoperative analgesia was evaluated in 30 women with uterine and cervix neoplasms. Peridural administration of morphine hydrochloride provided complete disappearance of pain sensation in the wound. The patients showed more rapid recovery of the intestinal peristalsis and acid-base balance. (4 Refs) (In RUS)

4. CONTROL OF CHRONIC PAIN IN VERY ADVANCED CANCER PATIENTS WITH MORPHINE HYDROCHLORIDE ADMINISTERED BY ORAL, RECTAL, AND SUBLINGUAL ROUTE. CLINICAL REPORT AND PRELIMINARY RESULTS ON MORPHINE PHARMACOKINETICS.

Pannuti F, Rossi AP, Iafelice G, Marraro D, Camera P, Cricca A, Strocchi E, Burroni P, Lapucci L, Fruet F, Vecchi F, Zanichelli L, Pieromaldi S, Bolelli GF, Farneti MG, Danieli A
Oncology Div., M. Malpighi Hosp., Bologna, Italy
Pharmacol Res Commun; 14(4):369-380 1982

Morphine hydrochloride (MHC) administered by different routes was used in the treatment of patients with advanced cancer. Results are reported in 37 patients (31-71 yr old, av age 58 yr) treated po, 37 (18-75 yr old, av age 63 yr) treated rectally, and 28 (37-75 yr old, av age 61 yr) treated sublingually. Preliminary results on morphine pharmacokinetics after a single im, po, rectal, and sublingual administration of MHC are presented. Peak levels were reached within 15 min after im MHC, and after 30 min following all other routes. (13 Refs)

5. ANALGESIC EFFICACY, SAFETY AND ACCEPTABILITY OF ZOMEPIRAC SODIUM IN COMPARISON TO MORPHINE SULFATE IN THE TREATMENT OF PAIN SECONDARY TO MALIGNANCY.

Stambaugh JE
Oncology and Hematology Associates, 603 N. Broad St., Woodbury, NJ, 08096
Curr Ther Res Clin Exp; 31(6):922-929 1982

The analgesic efficacy of zomepirac (ZM; 100 and 200 mg, po) and parenteral morphine sulfate (MS; 4 and 8 mg) was evaluated during a 6-hr observation period in 45 cancer patients. ZM 100 mg and MS 8 mg were rated higher than MS 4 mg in Total Pain Relief and and Pain Intensity Difference scores. More ZM, than MS patients, completed the 6-hr trial without remedication. Incidence of adverse reactions were similar among groups, but with increased lethargy in MS patients. (6 Refs)

6. STEREOTAXIC ROSTRAL MESENCEPHALOTOMY IN TREATMENT OF MALIGNANT FACIOTHORACOBRACHIAL PAIN SYNDROMES. A SURVEY OF 14 TREATED PATIENTS.

Frank F, Tognetti F, Gaist G, Frank G, Galassi E, Sturiale C
Divisione di Neurochirurgia, Ospedale Bellaria, 40139 Bologna, Italy
J Neurosurg; 56(6):807-811 1982

Stereotaxic rostral mesencephalotomy was performed 19 times in 14 patients suffering from intractable pain syndromes due to malignant diseases. The satisfying results in terms of pain relief during a necessarily short follow-up period (mean 4.9 mo) are outlined. Undesired side effects were mainly confined to oculomotor disorders, which partly subsided over the months following the operation. Some technical aspects of the procedure and the pertinent literature are briefly discussed. (Author abstract) (18 Refs)

7. DENTAL CARE FOR CANCER PATIENTS RECEIVING RADIOTHERAPY TO THE HEAD AND NECK.

Fleming TJ
Dept. Dental Oncology, Univ. Texas, M. D. Anderson Hosp. and Tumor Inst., Houston, TX
Cancer Bull; 34(2):63-65 1982

The team approach to dental care of the cancer patient receiving radiotherapy to the head and neck is discussed. The primary objective in such dental care is to minimize or prevent treatment-associated complications. Complications of radiotherapy most frequently encountered include xerostomia, mucositis, dermatitis, photosensitivity, fibrosis, trismus, radiation caries, abnormal bony development, and osteoradionecrosis. Preirradiation management involves the formulation of a realistic dental treatment plan based on a thorough clinical and radiographic evaluation and patient education. Dental management in the postirradiation phase involves periodic reevaluation for possible recurrence of new pathological conditions, management of possible treatment sequelae, prosthodontic rehabilitation, and evaluation of patient compliance with the preventive dental program. (11 Refs)

8. STATUS OF MANDIBULAR IMPLANTS.

Munson TJ, Russell NC
Dept. Dental Oncology, Univ. Texas, M. D. Anderson Hosp. and Tumor Inst., Houston, TX
Cancer Bull; 34(2):56-59 1982

A review of the literature and an assessment of the success at M. D. Anderson Hospital in the use of alloplastic mandibular implants are presented. Records, x-rays, and photographs of patients who received alloplastic implants between 1944 and 1980 were reviewed for patient factors, habits, tumor histology and size, radiotherapeutic history, surgical history, intermaxillary fixation data, implant information, longevity of implant, and status of implants at various intervals. One hundred and four mandibular implants were placed in 84 patients. Implants were constructed of stainless-steel strap, acrylic resin, Kirschner wire, Steinman pin, Hahn appliance, chrome cobalt, tantalum tray, bone, or a combination of these. Of the initial implants placed in each of the 84 patients, 35 (41.7%) had not been removed, including those implants that were exposed or infected as well as those with no attendant problems. Of the 49 patients whose prostheses had been removed, 17 received a second prosthesis, 1 received a third, and 1 received a fourth. If the implant was retained for 2 yr, it generally remained in place until the patient's death or until time of the study. Advancements in orthopedic surgery and developments in autogenous bone grafts, freeze-dried allogenic bone grafts, and osteomyocutaneous flaps may provide the means for more reliable reconstruction of the mandible. At this time, a 30% success rate may not be high enough to favor present mandibular implants for permanent reconstruction. (25 Refs)

PSYCHO-SOCIAL ASPECTS OF REHABILITATION

9. THE DAMOCLES SYNDROME. PSYCHOLOGICAL CONSEQUENCES OF SURVIVING CHILDHOOD CANCER.

Koocher GP, O'Malley JE

Unit for Inpatient Psychology, Children's Hosp. Medical Center, Boston, MA

The Damocles Syndrome. Psychological Consequences of Surviving Childhood Cancer. New York, McGraw-Hill, 219 pp., 1981.

Psychological consequences of surviving childhood cancer are discussed with respect to evolving psychosocial issues in the treatment of childhood cancer, survival rates and risks, study methods, late medical consequences of childhood cancer, psychological adjustment, the psychiatric interview, parent interviews, interviews with siblings, special problems of survivors, anticipatory grief and survival, self-understanding and coping with cancer, and implications for patient care. A 4-yr investigation into psychological, medical, and practical life problems of children successfully treated for cancer is reported. More than 120 such former patients, ranging in age from 5-37 yr, and their families, were studied and interviewed. Epidemiological factors associated with childhood cancer, medical side effects of treatment, future risks to patients, and the long-range outlook are reported. Psychological test data of the patients include assessment of intellectual functioning, social maturity, depression, anxiety, projective test themes, and relationship to overall adjustment. Psychiatric interview data include diagnostically significant items, coping mechanisms and their use, and the patient's perception of the cancer experience. Family coping issues include parent issues during diagnosis and treatment, mutual support problems, marital problems, lingering uncertainty, and residual guilt. (190 Refs)

10. ETHICAL CONFLICTS IN MEDICAL SOCIAL WORK: PEDIATRIC CANCER CARE AS A PROTOTYPE.

Ross JW

Children's Cancer Res. Center, Children Hosp. of Philadelphia, Philadelphia, PA

Health Soc Work; 7(2):95-102 1982

Ethical issues are reviewed in the context of the pediatric cancer center, in which scientific research is conducted on human subjects who undergo the strain of chronic disease and may face death. Conflicting obligations to child and parents, and to the cancer center, and situations of conflict, such as malpractice, autopsy, and family vs patient choices, are discussed. (5 Refs)

11. DIFFERENCES IN CRISIS REACTIONS AMONG CANCER AND SURGERY PATIENTS.

Gottesman D, Lewis MS
(c/o Lewis), Univ. Texas, Mezes Hall 330, Austin, TX, 78712
J Consult Clin Psychol; 50(3):381-388 1982

A surgery group of 25 female patients who underwent surgery for less serious illness was compared to a cancer crisis group of 47 female patients who underwent surgery for breast cancer, and both groups were compared to a healthy noncrisis group of 25 females to determine whether cancer and surgery are distinct crises that produce different psychological effects. The length of study was 15 wk in order to refine previous estimates of the duration of crisis. Fifteen of 47 potential cancer patients, 7 surgery patients, and 6 of the healthy women were dropped from the study. Results indicated that the effects of repeated testing (wk 7 vs wk 15) were not significant for any test at either test period examined. Results achieved statistical significance for three of the six tests. The cancer and surgery groups reported significantly more crisis than the normal control group. The cancer group reported significantly more helplessness than either the surgery or the normal control groups. The cancer and surgery groups also reported significantly more depression than the normal control group. The anxiety and self-esteem scales did not reach statistical significance. Specifically, the cancer group showed more anxiety and less self-esteem than the surgery group, which in turn showed more anxiety and less self-esteem than the normal control group. None of the six analyses of the variance produced statistically significant interactions. Results indicated that cancer patients experienced a 'true crisis', while the surgery group experienced what might be called a 'short-term stress'. Results supported the idea that at least two different types of crisis responses exist, each of which differs from normal psychological functioning. (19 Refs)

12. ADOLESCENT ADJUSTMENT TO AMPUTATION.

Boyle M, Tebbi CK, Mindell ER, Mettlin CJ
(c/o Tebbi) Adolescent Unit, Roswell Park Memorial Inst., 666 Elm St., Buffalo, NY, 14263
Med Pediatr Oncol; 10(3):301-312 1982

We investigated the psychological effects of amputation on adolescent patients by interviewing 27 persons who had a limb amputation because of cancer during their adolescence and compared them to data obtained from 8 patients with amputations due to trauma at similar ages. In cancer patients, mobility-related activities and social matters including relations with peers and the opposite sex and self-consciousness were of paramount concern. All cancer patients considered themselves functionally independent and 67% had little or no concern for the future. While malignancy and amputation had a significant impact on the patients' lives, the vast majority had a positive view of life and 85% were found to have what we assessed as adequate overall adjustment. Individual variables examined included marital and child-bearing patterns, educational attainments, vocational attainments, perceived parental and peer support, adaptation to prosthesis, and variables relating to general outlook on life and psychological adjustment. Our results suggest that the patients who have had amputations due to malignancy differ from traumatic amputees in their adjustment to amputation, with cancer patients showing, in many instances, evidence of better adaptation to disability. This may in part be due to different backgrounds and social orientation of traumatic amputees. We found the majority of cancer amputees to adjust well to their circumstances and to report leading full and productive lives. (Author abstract) (31 Refs)

13. CANCER AND PLACEBOS.

Cousins N
Dept. Psychiatry and Behavioral Sciences, Univ. California, Los Angeles, CA
Cancer News; 36(2):10-11 1982

The usefulness of placebos and equivalents in the treatment of cancer is described. Placebos may release secretions in the brain that in turn produce specific physiological effects. Placebo equivalents are attitudes or relationships that create tangible effects. British researchers have reported in a study of 69 breast cancer patients that the psychological response of the patients was a significant factor in the course of their disease. Those patients with a positive attitude concerning recovery tended to have a better outcome to their disease. The role of the physician in communicating positive attitudes to cancer patients is stressed. (2 Refs)

14. PSYCHOTHERAPEUTIC TREATMENT OF CANCER PATIENTS.

Goldberg JG
New York, NY
Psychotherapeutic Treatment of Cancer Patients. New York, Free Press, 364 pp., 1981.

Major issues in the psychotherapeutic treatment of cancer are discussed, and a broad spectrum of the work that has been done which uses psychological modalities for both the treatment of cancer patients and for understanding the disease's social and psychological implications is presented. Among the issues examined are: the role of aggression in the onset and treatment of cancer; sexual functioning of cancer patients; the relationship between psychosis, neurosis, and cancer; cancer as an emotional regressive experience; cancer in children; and the countertransference responses of a therapist working with a cancer patient. The view of cancer as a strictly somatic disease has yielded treatment techniques designed to correct physiological dysfunction. A view of cancer as a disease with psychological cause or effect, however, demands a treatment designated for efficacy on the psychological level, and then the psychotherapy of cancer (PTC) becomes relevant. Of all currently available treatment techniques, PTC is the least frequently applied. The influence of feelings of the patient towards the therapeutic agent on the course of malignancy are not yet known. Still unknown is the suitable moment for telling the patient the truth about the illness and whether some communications to the patient will aid in the recovery or worsen the patients state. No proof exists that psychotherapy can have a similar toxic effect on the individual as the medical treatment of cancer. (121 Refs)

15. THE COMPLETE PROGRAM (MEETING ABSTRACT).

Schmidt U
No affiliation given
Second European Congress of Reach to Recovery, April 22-24, 1982, Paris, France American Cancer Society; 1982

The Frauenselbsthilfe nach Krebs has made it her mission to realize the following program: 1) The physical welfare of all women, or men after cancer-illness. 2) We speak very soon with the patient in the hospital or at home: how can you get through your anguishes? You must not be frightened. 3) We give counceling on nourishment. How to eat after this operation to regain one's strength. We think, a right nourishment is important after every operation. 4) We reflect upon the invigoration of the patient's immunity. 5) We give information at health-insurances and in the factories and offices. We speak with the chiefs at the places of work of the cancer patients. Our union is standing under the protection of The Deutsche Krebshilfe of Mrs Mildred Scheel. We have 158 group(s) in Germany with 20,000 members. We go into the hospitals and we work together with all the professional institutions, with the physicians and with the psychologists, coming in our groups to discuss with the cancer-patients. Family and social problems are discussed. Sporting exercises are practices for those, having a breast-amputation, also swimming groups for them. (no Refs)

16. FOR A REHABILITATION OF BREAST OPERATED (MEETING ABSTRACT).

Pellis G, Nemez L
Istituto di Semeiotica chirurgica, Universita di Trieste, Trieste, Italy
Second European Congress of Reach to Recovery, April 22-24, 1982, Paris, France American Cancer Society; 1982

The Authors, after a period which lasted for 4 years, are able to show that, of 465 operated they followed, the rate of acceptance of surgery have been extremely high (92%). Such an acceptance is the result of a 'broad spectrum' rehabilitation beginning from the physical point of view and passing through an individual dialog with each patient. It is shown that the acceptance of this approach has been 100% among the patients and is stressed that mastectomized women do not have to be especially considered as subject to psychiatric problems, instead they have to be seen as women who have faced a physical and emotional shock and, in the vast majority of cases, do find their own personal balance spontaneously. (no Refs)

NUTRITIONAL EVALUATION AND SUPPORT

17. FOOD AVERSIONS AND LIQUID NUTRITIONAL SUPPLEMENT PREFERENCE IN PATIENTS WITH ADVANCED GASTROINTESTINAL CANCER (MEETING ABSTRACT).

Karlin DA, Jacoby B, Jones RD, Abadilla L
Department of Medicine, M. D. Anderson Hospital and Tumor Institute, Houston, TX, 77030
Gastroenterology; 82(5,part2):1096 1982

Anorexia is the major cause of weight loss in patients with advanced gastrointestinal cancer (GICA). Because specific food aversions, which contribute to this anorexia, make nutritional management difficult, the relationship between specific food aversions and patient preference for various commercially available liquid nutritional supplements was studied. A diet history in 76 patients with advanced GICA identified recent aversions to red meat (26), fish/seafood (11), poultry (13), eggs (15), dairy products (10), coffee (23), alcoholic beverages (9), chocolate (10), sweets (15), spices (9), vegetables (8), and fruits (5). The 76 patients were then given 15 ml aliquots of coded liquid nutritional supplements and asked to score their preference on a 1 (very bad taste) to 7 (very good taste) scale. The following supplements were studied: Meretene chocolate and vanilla; Carnation Instant Breakfast chocolate and vanilla; Ensure and Ensure Plus chocolate, vanilla, strawberry, egg nog, and coffee; Sustacal chocolate and vanilla; Osmolite plain; Isocal plain; Vital vanilla; Vivonex orange; Precision Low Residue orange; Precision Isotonic orange; Citrotein orange; and Polycose with orange juice. There was no significant relationship between specific food aversions and liquid nutritional supplement preference scores. It is concluded that the selection of liquid nutritional supplements for the management of weight loss in patients with advanced GICA should not be based upon a diet history of recent specific food aversions. (no Refs)

18. TASTE ACUITY, PLASMA ZINC LEVELS, AND WEIGHT LOSS DURING RADIOTHERAPY: A STUDY OF RELATIONSHIPS.

Bolze MS, Fosmire GJ, Stryker JA, Chung CK, Flipse BG
Dept. Food Science and Nutrition, Kansas State Univ., Manhattan, KS
Radiology; 144(1):163-169 1982

Thirty-five patients who were to undergo radiotherapy and 13 normal subjects were evaluated with taste questionnaires, taste acuity tests, and plasma zinc analyses. The studies were repeated on the patients in the 5th week of radiotherapy. The mean taste thresholds for NaCl (salt), sucrose (sweet), HCl (sour), and urea (bitter) were elevated and the plasma zinc levels were lower (77.2 +-11.8 vs 94.6 +-30.1 g/100 ml, p = 0.055) for the patients than for the controls. However, there was not a significant correlation between the taste thresholds and plasma zinc levels at any time. The mean weight loss experienced by the 14 patients who reported subjective taste alteration in the 5th week was 3.1 kg versus 0.1 kg (p = 0.005) for those who did not report taste alteration. The data suggest that alterations in taste acuity, but not plasma zinc levels, are associated with weight loss during radiotherapy. (Author abstract) (31 Refs)

19. IMMUNOSTIMULATION WITH VITAMIN A IN ADVANCED CERVICAL CARCINOMA.

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Fortschr Med; 100(16):760-763 1982

Treatment of advanced, inoperable cervical carcinoma with vitamin A palmitate (VAP) and radiotherapy (RT) was studied. Twenty-one women received VAP and RT; 21 received only RT. In response to phytohemagglutinin increased blastogenic response was found in 66% of those receiving VAP and RT and 33% of those receiving only RT. VAP evidently affects T-cell response. Patients receiving VAP had an insignificantly lower rate of relapse than those receiving only RT. Further studies of VAP are warranted. (20 Refs) (In GER)

20. PHYSICAL PERFORMANCE STATUS, EXTENT OF METASTASIS, AND ASSESSMENT OF NUTRITIONAL STATUS IN PATIENTS WITH ADVANCED GASTROINTESTINAL CANCER (MEETING ABSTRACT).

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Gastroenterology; 82(5,part2):1096 1982

Physical performance status and extent of metastasis are used to stratify cancer patients in chemotherapy studies because they are predictive of response. The aim of our study was to determine if either physical performance status or extent of metastasis are predictive of the need for nutritional intervention in patients with advanced gastrointestinal cancers (GICA). Diet history and nutritional assessment in 76 patients with advanced GICA included: anorexia (41), hypogeusia (30), dysgeusia (46), nausea (42), specific food aversions, daily calorie intake, and weight loss during the past year. Physical performance status was determined according to the Zubrod classification: fully active (7), restricted to light work and sedentary activities (30), ambulatory greater than or equal to 50% of the day with full self care (23), ambulatory less than 50% of the day with limited self care (15), and confined to a chair or bed 100% of the day (1). Extent of metastasis was determined by physical examination, x-rays, radionuclide scans, ultrasonograms and CAT (computed axial tomography) scans: localized (15), liver metastasis (23), abdominal/pelvic peritoneal metastasis (15), other metastasis (6), 2 of above (10), and 3 of above (5). There was a significant direct relationship between deterioration in physical performance status and incidence of anorexia, hypogeusia, dysgeusia, nausea, aversion to red meat, daily calorie intake, and weight loss. There was, however, no significant relationship between extent of metastasis and the above nutritional parameters. (no Refs)

21. ENTERAL NUTRITION BY NASOGASTRIC TUBE IN ADULT PATIENTS TREATED WITH INTENSIVE CHEMOTHERAPY FOR ACUTE LEUKEMIA.

de Vries EG, Mulder NH, Houwen B, De Vries-Hospers HG
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Am J Clin Nutr; 35(6):1490-1496 1982

In this study, nutritional status 3 wk after starting 20 induction courses of chemotherapy with enteral nasogastric tube feeding was compared to the nutritional status after 35 courses with a normal oral hospital diet. Tube feeding consisted of 2,000 to 3,000 cal daily of a hospital made pasteurized formula or sterile Nutrison RTS. In the group fed by nasogastric tube the mean wt loss was significantly smaller (p less than 0.01) and there were fewer patients with a severe wt loss of more than 5% during the 1st 3 wk (p less than 0.01) than in the hospital diet group. Serum albumin reduction of more than 10% was present in 4/20 and 23/35 for each group respectively (p less than 0.01). Bacterial contamination occurred in the pasteurized hospital-made formula which led to Pseudomonas septicemia in one patient. During a short-term catabolic state (3 wk) sterile feeding by nasogastric tube can prevent wt loss and hypoalbuminemia in most patients. Bacteriological control of the food and supply system is mandatory in granulocytopenic patients. (Author abstract) (20 Refs)

22. ENDOSCOPIC PLACEMENT OF A MODIFIED TYGON TUBE PROSTHESIS FOR INTRALUMINAL IRRADIATION OF CARCINOMA OF THE ESOPHAGUS WITH IRIDIUM 195 (MEETING ABSTRACT).

Trujillo NP, Patel HR, Ling C, Wechsler-Jentzsch K, Rogers CC
George Washington University Hospital, Washington, DC
Gastrointest Endosc; 28(2):148 1982

There is a high incidence of recurrence of esophageal cancer following external beam irradiation. For recurrence with dysphagia, bougienage or placement of an esophageal prosthesis are alternative palliation. We have developed a means of palliation by locally irradiating biopsy proven recurrences in patients requiring repeated bougienage for dysphagia. A Tygon prosthetic tube was modified (MTT) with a core of 4 polyethylene tubes of similar length as the MTT surrounding another lung polyethylene tube used for loading iridium seeds. Attached to the top of the MTT are 2 lines used to anchor it to the nostrils, and attached to the bottom of the MTT is a mercury weight to prevent slippage. The modification allows a uniform circumferential administration of radiation, swallowing liquids during treatment, after-loading of the iridium and easy retrieval of the MTT. Patient discomfort during radiation is minimal. A Puestow guide wire is passed under direct vision. After swallowing the mercury weight, the ensemble consisting of MTT, pusher tube, Puestow straightener and stiffener is passed over the guide wire to the site. Placement is then checked by endoscopy and x-ray. Three patients with dysphagia from recurrent biopsy proven esophageal cancer who had previously received external beam irradiation were treated with intraluminal radiation over 72 hours (6000 to 3000 rads). X-ray, endoscopy and biospy at 2 and 8 weeks showed no recurrence. Dysphagia disappeared and there was esophageal lumen patency. Follow up has been 4 month to date. (no Refs)

23. PREOPERTIVE EVALUATION OF SEPTIC RISK DUE TO MALNUTRITION.

Nazari S, Dionigi R, Dionigi P, Comodi I, Campani M
Istituto di Patologia Chirurgica, Universita di Pavia, 27100 Pavia, Italy
IRCS Med Sci [Cancer]; 9(10):915-916 1981

Nutritional assessment (NA) of 28 surgical patients (13 males, 15 females, av age 58.3 +-14.6 yr) was compared prospectively with four nutritional situations (NS) previously identified to determine whether it is possible to define with sufficient approximation the risk of postoperative septic complications. Eight patients were classified as NS1, 15 NS2, 2 NS3, and 3 NS4. Characterization of surgical patients in one of the four NS allowed both the classification of the malnutrition in an accurate and standardized way and the evaluation of the related risk of postoperatrive septic complications. (9 Refs)

NURSING CARE

24. AN APPROACH TO STAFF DEVELOPMENT: ONCOLOGY NURSING GRAND ROUNDS (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

Meeting educational needs of professional nurses caring for individuals with cancer in large teaching hospitals is challenging for Inservice Educators and Oncology Clinical Specialists. The development of Oncology Units has provided opportunities for intense training and created a need for the continued development of the professional nurse. However, the educational needs of staff nurses caring for the individual with cancer outside the Oncology Unit is rapidly becoming a priority as this patient population increases. To meet the educational needs for all professional nurses caring for individuals with cancer employed by a 617-bed teaching institution, Oncology Nursing Grand Rounds has been successfully implemented on a monthly basis. Oncology Nursing Grand Rounds is an informal teaching method which acts as a mechanism of communication between multiple nursing units dealing with very similar patient problems and enables identification of effective interventions. The format utilized for the 45 minute conference incorporates a case presentation by a staff nurse of a predetermined patient problem, chosen from a prioritized listing. This approach facilitates horizontal professional growth and peer recognition within the institution among staff nurses. A case discussion by a guest lecturer develops various in-depth approaches to patient care management. The Nursing Process provides the framework of the development of the discussion. Distribution of Patient Care Guidelines stimulates discussion and facilitates incorporation into nursing practice on the clinical unit. (no Refs)

25. A COMPETENCY-BASED APPROACH TO THE ORIENTATION OF ONCOLOGY NURSES (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

As oncology care becomes better standardized and outcomes are more successful, increasing numbers of oncology patients are receiving care in a wider variety of clinical settings. Although individual patient problems require some diversity in the skills and knowledge of nurses providing oncology care, every setting shares the need to provide nurses with a basic foundation of oncology knowledge which is consistent and assures minimal levels of competency. The conventional approach to meeting this need is orientation, which, in our clinical setting, was a four-week process beginning every two weeks. This process required 48 hours of didactic teaching and 72 hours of clinical supervision. The teaching program was implemented by three specialty instructors with clinical supervision provided by preceptors. This program was not optimal in terms of cost effectiveness, and soon led to the disenchantment of instructors and orientees. In an effort to enhance efficiency and the learning process, a competency-based core orientation has been developed. The program utilizes principles of competency-based education and addresses specific oncology content such as common disease processes, treatment modalities, and essential nursing interventions. The end product of this effort has been the development of self-learning materials which address the basic concepts of oncology nursing care. (no Refs)

26. MULTIDISCIPLINARY ROUNDS: EVOLUTION OF THE CANCER CARE TEAM (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

Multidisciplinary Rounds (MR) were initiated in March 1981 at a Thursday luncheon conference. The nursing led program, attended by twenty disciplines, has evolved from a review of each patient on the oncology unit to a selective study of problems encountered by the nursing staff. Holistic principles are applied in relation to problem solving. MR are effective in strategizing patient management and heightening awareness of recurring problems. Dynamic alliances have formed among team members. Increased understanding of roles has led to new feelings of shared responsibility vs previous feelings of total responsibility. Knowledge has increased among participants in fields other than nursing. New information resources are constantly discovered and shared. Other benefits include the developing ability of team members to articulate questions, particularly to physicians. Nurses express more confidence in care plans. Participants are increasingly aware of how they interface with others, and are holding preconference conferences. The exploration of internal and external relationships has identified new subtleties of patient care. Lack of physician participation is one weakness of the program. Efforts are being made to increase physician. Stengths of the program lie within strong nursing leadership and nursing administration support. Analysis of the dynamics of the conference has been made in the following areas: structure, participants, leadership, size, time, location and the groups ability to accommodate to spontaneity. (no Refs)

27. NURSE STAFFING ANALYSIS BASED ON PATIENT CLASSIFICATION IN AN ONCOLOGIC HOSPITAL (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

Last year Medicare challenged our Oncologic Hospital to justify its standard of patient care. Knowing the staffing needs of a general hospital, they requested justification for the increased staffing designed to meet the total needs of cancer patients at our hospital. Based on this challenge, the Nursing Department with professional consultants, developed a detailed, accurate patient classification system, which determines the standard direct and indirect nursing care required for Oncology patients and projects ongoing staffing needs. The objective of this system is to determine nurse staffing requirements for each of our patient care units in advance of the oncoming shift, three shifts per day. Nursing management compares required staffing for each unit to predetermined baseline staffing, notes projected over and under-staffed units, and records those actions which are employed to remedy any staffing imbalances. This system provides for an ongoing audit of the accuracy of patient classification information provided to nursing management for use in projecting staffing needs. The patient classification system is integrated into a management reporting and quality assurance program to assist hospital management in evaluating the daily utilization of nursing personnel. The project team developed standard times for nurse staffing projection purposes and used them to determine the average number of nursing hours per patient day required and used by the average patients aged 65 and over and patients under 65, served by the hospital. (no Refs)

28. AN ONCOLOGY UNIT IN A NURSING CENTER (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

The presentation describes an oncology unit in a Nursing Center in a College of Nursing as representative of a new modality in nursing education and health care delivery. The Center was planned to fulfill the objectives of the curricula of the baccalaureate and master's degree programs in nursing. The Oncology Unit is envisioned by the faculty as a means of bringing cancer nursing education, practice, and research together in a nursing care environment. The activities of the Oncology Unit should shed light on the relationship between cancer nursing knowledge as it is discussed in the classroom and as it is applied in the clinical setting. The availability of a unit which focuses entirely on the nursing needs of the client with cancer should contribute to the delineation of the role of the professional cancer nurse, to the advancement of cancer nursing knowledge, and to insights concerning the effect of the delivery system on the level of wellness of the client with cancer. There is a great need for nursing interventions which address the entire range of problems encountered by clients with cancer, and professional nursing has a unique contribution to make to the care of the cancer client outside of the institutional setting. Faculty are responsible for all clients and serve as role models and consultants to other agencies. The students share in the care of clients, attend didactic lectures, and engage in seminars and discussion concerning multiple dimensions of cancer nursing care. The Oncology Unit will be evaluated according to the quality of nursing care, the well-being of the client, the delineation of the role of the professional nurse, and the contribution to nursing's body of knowledge. (no Refs)

29. A MULTIDISCIPLINARY APPROACH TO ONCOLOGY PATIENT CARE (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

The VA Medical Center, Shreveport is a 365-bed acute-care facility. The cancer patients are scattered through out the hospital. The Cancer Patient Support Group was developed as a desire by the members to coordinate the services offered to the cancer patients. The Cancer Patient Support Group is a multidisciplinary team which includes the Clinical Nurse Specialist Oncology, Clinical Nurse Specialist Psychiatry, Social Work Service, Dietetic Service, Dental Service and Audiology and Speech Pathology Service. The patient's physician is a liaison member. Initially, the Cancer Patient Support Group chose to work with one population of cancer patients, the patients with cancer of the head and neck. By choosing one population of cancer patients, the group was able to: 1) identify adjustment problems specific for that population of patients; 2) develop a method for notifying members of the group prior to initial treatment; 3) develop a method by which each member would document his/her visit with the patient, goals set with the patient, and appropriate interventions required to assist the patient with adjustment. The design of the group is such that it will allow for expansion to other populations of cancer patients within the hospital. (no Refs)

30. AN APPROACH TO INTEGRATING THE SERVICES OF THE DIETITIAN ON A CONTINUING BASIS IN A RADIATION THERAPY DEPARTMENT (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

The nutritional counseling of patients undergoing medical treatments for cancer is part of a coordinated effort of the health team to meet the nutritional, socioeconomic, emotional and family relationship needs of inpatients and outpatients during the time of radiation therapy. In a large midwest urban radiation oncology referral center, persons with diagnoses of carcinoma in the head, neck, pelvic or abdominal regions, Hodgkin's lymphoma and those with existing or predictable nutritional deficits are referred to the dietitian by physicians and a radiation therapy nurse specialist. Persons are seen by the dietitian on referral for an initial interview which includes assessment of basic nutritional requirements, diet history and diet modifications when appropriate. Thereafter they are seen periodically at least once/week for follow-up to review appropriateness of diet and weight status of the patient. Diet education is given early during the treatment course and then patients are encouraged to maintain control of their eating habits with assistance weekly toward this end. The dietitian is available part-time in two to four hour blocks of time. This approach has worked well, providing frequent immediate access to expert resources for patients. The dietitian serves as diet counselor to out-patients in therapy and those hospitalized during treatment, participates in cancer education for professional staff, patients and their care givers and is liason to the nutritional support staffs of referring hospitals, nursing homes, and board and care centers. (no Refs)

31. ONCOLOGY NURSING ORIENTATION IN A COMMUNITY HOSPITAL (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

Orienting and educating nurses into the speciality of oncology nursing is often very difficult in a community hospital setting. Problems encountered include: 1) lack of administrative support in identifying the importance of a specialized education program for new oncology nurses, 2) lack of available personnel to develop and implement a quality clinical and theoretical oncology nursing orientation program, and 3) effective utilization of nursing time and manpower when dealing with 1-2 orientees. To recruit, retain and educate oncology nurses, a 6-week orientation program was developed. During week 1, the orientee spends time in the hospital's general orientation. The next three weeks, the orientee is paired with a nurse preceptor who concentrates on providing clinical experiences. The orientee also receives eleven, 40-60 minute instructional sessions on the following topics: Biology of Cancer, Chemotherapy, External Beam Radiotherapy, Radioactive Implants, Nutrition, Pain Control, Hyperalimentation, Transfusion Therapy, Diagnostic Tests, Psychological Impact and IV Narcotic and Sedatives. The final two weeks are spent orienting to their assigned shift. Presentation and instruction of these sessions are completed by: 1) self-programmed instruction, 2) slide-tape presentations, 3) 1:1 conferences with primary nurse and orientee, and 4) 1:1 conferences with oncology nursing coordinator and orientee. This orientation program has been packaged into a manual and is readily available and utilized when orienting one or more nurses. (no Refs)

32. CANCER NURSING EDUCATION IN A COMMUNITY SETTING (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

With the increasing availability of treatment for cancer, in combination with the focus on patient's rights and personal responsibility, many cancer patients are choosing to receive treatment in their community hospital. As a result, a current trend is to establish comprehensive oncology units at the community level. As an intergral part of this program, and because of the rapid growth of knowledge and information, nurses are seeking educational opportunities in cancer care. To achieve expertise in oncology nursing, this community hospital is offering an educational program, based on adult learning principles, to the staff nurses and also to the nurses in the surrounding community. An orientation package of basic cancer concepts, including rationale of treatment is a beginning step for the new oncology nurse. A hospital certified chemotherapy program is then available through which the nurse becomes familiar with the antineoplastic agents and related concepts. Both these plans are set up on an independent-study approach followed by discussion and clarification and a post test. In addition, a 5-6 week course is being prepared consisting of didactic theory and clinical practice and will be repeated semi-annually. (no Refs)

33. A CONTINUING EDUCATION OPPORTUNITY FOR ONCOLOGY NURSES (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

Experience to date has shown that even those working in a specialized cancer center often do not possess the knowledge/skills to function optimally as professional oncology nurses. In spite of these factors, continuing education for nurses who wish to specialize in oncology is unavailable in many areas of the country. The 12-month Oncology Nurse Clinical (ONC) Program is an innovative attempt to provide a comprehensive course in clinical nursing. The goals of the ONC Program are to: 1) prepare the oncology nurse to systematically incorporate the nursing process into the role components of prevention, detection, direct care and rehabilitation, teaching, consultation, collaboration, and research utilizing a multidisciplinary approach; 2) provide a climate for participants to develop an understanding of cancer epidemiology and the knowledge, skills, and attitudes necessary for assessment and care of oncology patients and families in a variety of settings, and 3) expose the nurse to numerous resources which can aid in delivery of quality care. The development of the ONC Program from preliminary planning through the current second year of operation is described including: a) design as a 16 hour per week work/study program; b) conceptual framework: c) content of the 9-week Core Module, 8 4-week specialty modules, and 2 4-week elective modules; d) teaching/learning strategies used; e) modifications based on evaluation data from the pilot year; and f) expanded roles of graduates. (no Refs)

34. FUNCTIONS OF THE PROTOCOL-LIAISON NURSING COMMITTEE WITHIN THE EASTERN COOPERATIVE ONCOLOGY GROUP (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

A method of collaboration between nurses, physicians and data managers has been developed by the Eastern Cooperative Oncology Group (ECOG). This effort is seen in the process of protocol review and drug information desemination. The mechanism included creation of the role of Nurse Consultants on each of the disease-oriented committees. Nurses on the Protocol-Liaison subcommittee review all new ECOG protocols, which allows for nursing input early in their development. Drug Information Sheets have been developed for every drug used on an ECOG protocol. These drugs sheets function as a means of standardizing treatment administration, as well as serving as an information resource and teaching guide. The unique role of Nurse Consultant has been created within the cooperative group. One of the responsibilities with this position, has been to attend the steering committee meetings, which promotes early nursing input in the developmental stages of the protocols. A communication system has been established for this nurse to serve as a resource to all health professionals involved with these protocols. This Protocol-Liaison subcommittee can serve as a prototype for the development of similar committees within a multi-disciplinary cooperative group. (no Refs)

35. STANDARDIZED CARE PLANS FOR ONCOLOGY PATIENTS: INSURING IMPLEMENTATION OF CARE BY IMPROVING ACCESS TO INFORMATION (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

All nurses, as part of their education, have been bombarded with the importance of writing and implementing care plans based on the nursing process. Nurses with work loads too heavy for effective care giving, set priorities that cannot or do not include writing care plans. An alternative to the typical individualized care plan is the standardized care plan. The standardized care plan is less time-consuming and acts as a vehicle for sharing previously acquired knowledge and experience. Realizing there was neither time nor energy to implement individualized care plans, our unit formulated 15 standardized care plans for common oncology patient problems such as stomatitis, constipation, leukopenia and thrombocytopenia. These care plans have been logged into the computer system for easy access and implementation to daily patient care. Benefits of standardized care plans include: Better realization of patient problems; early intervention, thus preventing treatment-related complications; easy reference for new staff unfamiliar with common patient problems; easy adaptation for individual patient differences; and a basis for self-care educational materials for patients and families. The easy access of our standardized care plans has resulted in decreasing the amount of time nurses spend on paper-work and allowing more time to administer effective nursing care based on high level application of the nursing process. (no Refs)

36. TELEPHONE TRIAGE: A VITAL FUNCTION OF ONCOLOGY AMBULATORY NURSING (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

Triage by telephone, defined as differentiating problems which can be managed by the nurse from those requiring physician involvement, is a skill vital to the role of the oncology nurse in ambulatory settings. Few nursing positions afford the background needed to learn to triage the wide range of symptoms that oncology patients present. Structuring a telephone interview to optimize the quality of data obtained allows the nurse to properly assess and safely manage the majority of problems. The structured interview together with the nurse's knowledge of the disease, its treatment and the individual's case history provides the information necessary for decision-making. One of four basic interventions will be followed: independent nursing action, directing patient be brought to care setting for examination, referral of problem to physician, or initiation of urgent action based on signs of oncologic emergency. (no Refs)

37. DESIGNING A STATEWIDE CANCER NURSING NETWORK (MEETING ABSTRACT)

Drees D

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

According to the last National Cancer Institute (NCI) report over 80% of cancer detection, diagnosis and management occurs in the community. Oncology nurses often practice in isolation in a variety of community settings, without clear and easy access to updated information, collaboration with colleagues, peer support and continuing education. The Massachusetts Cancer Nursing Network (MCNN) has been created as a joint project by the American Cancer Society, Masachusetts Division and the Sidney Farber Cancer Institute, Cancer Control Division, Boston, MA to meet this need. The MCNN will provide opportunities for both the oncology clinical nurse specialist and the generalist nurse (with a particular interest in cancer care) to participate in a regional oncology nursing communications system. Organizational steps in developing a statewide cancer nursing network will be discussed: (1) designing a model, (2) creating and advisory committee, (3) developing the role of the nurse-coordinator, (4) defining a target population (interest group), (5) piloting a needs assessment survey, (6) forming a demonstration group, (7) evaluating group growth and development and (8) marketing the model statewide. Utilization of a statewide network to provide a valuable linkage between the local chapter and the national society will be examined, while focusing on a tri-level model of membership. (no Refs)

38. AN ONCOLOGY NETWORK--A BENEFIT TO PATIENTS AND NURSES (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

For cancer patients and families whose homes are distant from a major medical center, optimum care often requires travel and treatment by numerous health professionals. Recognition of the potential difficulties for patients and the challenge to health care providers led oncology nurses in our state to develop a multi-hospital network. Cancer care coordinators at 9 hospitals statewide established a referral mechanism to ensure ongoing continuity of care and comprehensive services. A format for information exchange was developed and improved coordination of care for patients and families resulted. In addition, educational resources have been identified and shared and a support system developed for geographically distant nurses with similar roles and responsibilities. (no Refs)

39. THE AFFILIATION PROGRAM: A MULTIDISCIPLINARY INFORMATION TRANSFER NETWORK (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

A network of nine community hospitals throughout Maine and Massachusetts has been developed through the Cancer Control Program of the Sidney Farber Cancer Institute, Boston, MA. The purpose of this affiliations network is twofold: (1) to increase the availability of the most up-to-date cancer chemotherapy treatment at the community level and (2) to provide education on the most current treatment methods and research findings. The target population for this program is multidisciplinary, including physicians, nurses, pharmacists and clinical trial data managers. This network offers a mechanism for educational outreach to affiliated nurses through the following components of the program: (1) regularly scheduled conferences (including the first joint nurse-pharmacist conference at the Farber), (2) training sessions available at the Farber Center on an ad hoc basis, (3) teaching visits to the community hospitals by cancer center staff, (4) nurse-to-nurse telephone consultation and (5) the distribution of current cancer information materials. The affiliations program will be depicted as a model for the integration of community nurses into a comprehensive, systematic approach to professional education. (no Refs)

40. STUDY GUIDES: EFFECTIVE TOOLS FOR ONCOLOGY TRAINING (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

This presentation describes an effective, economic and versatile oncology training program for nurses and other health professionals. It was developed in response to the challenge of providing training to RN's in geographically distant, rural areas that would equip them with skills and knowledge to be cancer care coordinators. The program's effectiveness has been measured by pre- and post-skills/knowledge inventories which showed significant educational gain by participants. The entire program is comprised of study guides, seminars and clinical practica. This discussion focuses on the study guides, developed to enhance independent learning. Topics include 8 cancer sites, 4 treatment modalities and 13 extra-medical aspects of care. The study guides are comprehensive and may be used separately or as a complete set. In Hawaii, the study guides have been used to train cancer care coordinators and to meet the educational needs of interdisciplinary oncology team members on 4 islands. The University of Hawaii School of Nursing Baccalaureate program is presently studying the feasibility of utilizing these study guides as the basis for an elective course. Also, the study guides may be used by nurses throughout the state for independent Continuing Education Unit approval study. (no Refs)

41. THE INTEGRATION OF CRITICAL CARE CURRICULUM IN THE EDUCATION OF ONCOLOGY NURSES (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

Cancer treatment is predominantly directed toward aggressive and intensive treatment which offers remissions and cures. Nurses caring for cancer patients must have not only a basic understanding of the different disease processes, treatment protocols and related nursing care, but also advanced theoretical knowledge and clinical skills necessary for the care of critically ill patients. With the utilization of more intensive treatment modalities, an effective critical care core curriculum specifically focusing on the care of the oncology patient is essential. Critical care involves a dynamic interplay between advanced theoretical knowledge and advanced clinical skills. The integration of critical care concepts and oncology nursing practice presented a challenge to the Staff Education Department. A critical care core curriculum for cancer nurses was designed to address this issue. The program was aimed and developed for the needs of the new graduate. A graduated orientation program was developed and implemented that extends over a year. At designated time frames, the advanced concepts of critical care nursing are introduced. The theoretical knowledge is integrated with clinical practice. The program provides the new graduate with a solid foundation in theory and practice, the time to integrate this knowledge and to incorporate it in the care of the patient. Introduction of more elaborate and sophisticated theory and equipment is dependent upon the readiness of the nurse. (no Refs)

42. THE NURSE CLINICIAN'S ROLE IN DEVELOPING AND PLANNING A PHASE I STUDY: A MODEL FOR CLINICAL-LABORATORY COLLABORATION (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

The initiation of a Phase I interferon study is a complex undertaking which brings together clinical and laboratory goals which must blend together. Implementation of these goals involves people of diverse training and perspectives. The task of developing and planning the study must take into account the scarcity of interferon, patient eligibility and acquisition, coordinating many basic science labs with clinical schedules (eg, holidays), prevention of system overload, adequate free time for data collecting and recording, and scheduling outpatient treatments. A master plan was designed to encompass all of these needs. Seventeen patients were entered on this study and each had a one week admission on a research ward followed by a five week outpatient treatment period. The benefits derived from this long-range planning were numerous. A carefully constructed preadmission program allowed patients to enter into this study at a date which reflected their individual needs according to protocol criteria. Preplanning was done with the ward nurses to ensure that hourly assessments needed on each patient could be accomodated. Laboratories projected the dates, times and number of patients to be on the study, which allowed them to prepare their assay procedures. There was minimal duplication of effort which gave team members the ability to recognize or prevent any of the innumerable errors which could occur in a complex multidisciplinary endeavor. (no Refs)

43. THE CLINICAL SPECIALIST AS A RESEARCH COORDINATOR IN A CANCER RESEARCH SETTING (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

Traditionally clinical specialists have been found in identified clinical areas practicing as expert clinicians. Prepared at the graduate level, these individuals often have multiple responsibilities including: direct patient care, management, consultation, education, change agentry, and research. At the Ohio State University Comprehensive Cancer Center's Interdisciplinary Oncology Unit, this author has developed the clinical specialty position of clinical research coordinator. The role is unique because its purpose is primarily to coordinate research: clinical medical trials, nursing research, and interdisciplinary studies. This author is responsible for development, implementation and monitoring of these three realms of investigation. This paper presents a definition of the research coordinator's role. A detailed description is given of how the clinical nurse specialist's subroles of consultant, expert clinician, educator, patient advocate, role model, resource person, change agent, and coordinator have been adapted to this new position. A brief discussion of the coordinator's responsibilities when interfacing with the university departments (such as nursing, medicine, education) is explained. A description of the problems, rewards, frustrations, and benefits encountered during the first year of implementation is highlighted. Lastly, suggestions for changes in the role based on an evaluation of its effectiveness is included. (no Refs)

44. DEVELOPMENT OF A SUCCESSFUL STAFF SUPPORT GROUP ON A CANCER RESEARCH UNIT (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

Emotional support for oncology nurses has been a subject of much inquiry in recent years. A staff support group has been incorporated into the weekly functions of our inpatient oncology unit for the past two years. The primary goal of the group was to establish trust among members which is essential to the success of any support group. To facilitate development of trust, two strong group norms strict condidentiality and commitment to attend weekly meetings were established. This created a closed group in which no new member could join during the life of the group. The group goals include: 1) exploring frustrations and its sources, 2) developing effective coping mechanisms, 3) providing an environment where grief, hostility, and loss can be dealt with, and 4) forming strong staff support bonds which carry over to the work setting. The group consists of one female and one male facilitator and a maximum of 10 members. The use of psychiatric residents as leaders decreases the cost to the institution and satisfies course objectives for the residents. However, many institutions will probably have qualified personnel such as chaplains, nurse clinicians or social workers to be group leaders. Cooperation of administration is necessary to maintain a regularly scheduled group. The unit provides pay and coverage for nurses to attend the group. Evaluation was carried out nonempirically using member's and leaders' anecdotes regarding group process and function. Presently an empirical evaluation is underway correlating the rate of absenteeism between nurses who are group members and nongroup members. (no Refs)

45. A PROFILE OF AN ONCOLOGY CLINICAL NURSING SPECIALIST AND THE STRESSORS EXPERIENCED IN THE WORK ENVIRONMENT (MEETING ABSTRACT)

Yasko JM
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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

A descriptive study of 185 master's prepared nurses functioning in the role of an oncology clinical nursing specialist was conducted to determine the profile of the 'typical' oncology clinical nursing specialist and the major sources of stess experienced by these nurses in the work environment. The variables selected to describe the 'typical' oncology clinical nursing specialist included demographic variables such as age, marital status, annual salary and the educational preparation; personal perceptions such as the need for psychological support, degree of satisfaction with the role, care or cure orientation, and locus of control; and role related characteristics such as the number of years in the role, clinical setting, type of appointment, number of hours spent in the role each week, and the amount of time spent in direct contact with clients with cancer. The work related stressors identified by these nurses were prioritized and categorized according to the length of time the nurses had functioned in the role of an oncology clinical specialist and were compared to the stressors identified by staff nurses caring for clients with cancer reported in the literature. This study revealed 'who' is functioning in the role of an oncology clinical nursing specialist and 'what' in the work environment is perceived by these nurses as stressful. (no Refs)

46. CLINICAL ROTATIONS - CREATIVE SOLUTION TO BURNOUT (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

Stagnation, inflexibility, physical-emotional exhaustion, pessimism, resignation: common descriptors of staff nursing particularly descriptive of caring for people with leukemia. Long hospitalizations, ensuing emotional attachments, losing a portion of self with each death in an area of high mortality and dealing with complex pathological needs are constant overwhelming sources of stress. To allay the above descriptors, to generate vitality and motivation and to enhance provision of wholestic care, an option of clinical rotations was implemented at a cancer care hospital. Four months of the year, staff nurses from an inpatient leukemia unit had the opportunity to elect to rotate the areas which would augment patient care. Options included medical ICU (intensive care unit), leukemia outpatient area, bone marrow-cytogenetics-kinetics labs, bone marrow transplantation unit, respiratory-physical-occupational therapy services, and community hospices. All participants had at least one year experience on the unit and met institutional standards for a particular level of job performance requiring peer review. Self motivated, self guided learning, documentation and communication of goals and objectives as well as weekly evaluations were participant responsibilities. Upon completion of each four week rotation, participants returned to the unit for a two month minimum and were required to complete a project, usually in the form of staff inservices. An ongoing major project was required at the conclusion of four rotations. Consistently, participants returned with broadened scopes and heightened knowledge. They returned challenge, renewed and motivated. (no Refs)

47. FACTORS INFLUENCING THE BURNOUT SYNDROME IN ONCOLOGY CLINICAL NURSING SPECIALISTS (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

A descriptive, correlational study of 185 master's prepared nurses functioning in the role of an oncology clinical nursing specialist was conducted to determine the relationships between selected variables and the degree of burnout experienced by these nurses. The selected variables were categorized as personal resources, personal perceptions and role related variables. The research instrument included the Jones Staff Burnout Scale for Health Professionals (SBS-HP), the Rotter Internal-External Locus of Control Scale, and a self report questionnaire. Pearson Product Moment correlation, ANOVA, t-test, multiple regressional analysis, and stepwise regression analysis were utilized to determine which of the selected variables significantly contributed to the degree of burnout experienced by nurses functioning in the role of an oncology clinical nursing specialist. (no Refs)

48. A COMPARISON OF ATTITUDES IN ONCOLOGY NURSES VERSUS GENERALIST STAFF NURSES (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

This study was designed to determine if there was a difference in the attitudes of specialized onocology nurses and generalist staff nurses in regards to cancer patients and their care. The purpose of the study was to statistically gather information concerning the relationship between selected variables and their relevance as measurements to be employed in staffing and managing oncology units. Utilizing a descriptive research design, the study investigated the attitudes of 45 registered nurses, 15 of which worked exclusively on oncology units, 16 of which worked on general units with some oncology patients, and 14 of which worked on general units with no oncology patients. The instruments used were the Beck Hopelessness Scale, the Rotter I-E Scale, the Linn Care/Cure Index, and the University of Pittsburgh Cancer/Attitude Survey. The results showed no significant relationship between cancer care and hopelessness or locus of control and all nurses in the sample scored high on the care side of the continuum. However, oncology nurses were significantly more positive in attitude toward cancer and cancer care. The study concluded that attitudes do differ among nurses and that said attitudes may affect patient care and prognosis. (no Refs)

49. IMPENDING CORD COMPRESSION AND MALIGNANCY: NURSING IMPLICATIONS (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

Although cancer still carries a stigma of death and increasing dependency, various emergency situations arise in which morbidity, suffering, and disability can be prevented. Often, the nurse is in a position and has the responsibility of first detecting these situations as she/he sees patients in follow-up for care and treatment in clinics and telephone communications. Impending cord compression may present subtly, and easily be misinterpreted in patients who routinely suffer pain, discomfort, fatigue, and weakness. Accurate assessment, being alert to minute change, is imperative if prompt treatment is to be initiated to paralysis and debilitation, and what may be much poorer quality of life for a fairly long term. Assessment technique will be emphasized and case studies of individuals having malignant diagnosis and various stages of cord compression will be presented. In addition, specific treatments and the rationale for the treatment chosen will be explained as will the nursing endeavors used to provide holistic care. (no Refs)

50. A COMPREHENSIVE PROGRAM FOR ORAL CARE (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

A comprehensive program for oral care was originally developed at the Baltimore Cancer Research Center in response to a lack of standardized oral care for the myelosuppressed patient. This oral care program consists of: (1) nursing standards; (2) a self-learning package for nurses; (3) oral assessment tool; and (4) patient education pamphlet. This paper will describe the components of the program which was developed for nurses caring for the high risk and/or myelosuppressed oncology patient. The nursing standards were developed to deliver optimal oral care to our oncology population. The standards criteria specifically assesses our patient population by: (1) diagnosis; (2) myelosuppression; (3) possible infection source; and (4) treatment or protocol. Evaluation frequency and documentation are described, as well as oral pathology with appropriate nursing interventions for each. The learning packet includes learning objectives, didactic material, and a slide presentation to instruct the nurse in the fundamentals of oral assessment. Comprehension is assessed by utilizing a pre and post test. The oral assessment tool lists the structures located in the oral cavity with a normal and abnormal description of each structure. The nurse utilizes the tool to document a baseline oral status at admission and bi-weekly. An oral care pamphlet for patients reinforces in a systemic illustrated format the verbal teaching completed by the nurse and the dental hygienist. Improved oral hygiene for the cancer patient, cultivation of teaching confidence among staff nurses, and higher concurrent audit scores support the efficacy of this comprehensive program for nursing practice. (no Refs)

51. ETHICAL-LEGAL DILEMMAS IN ONCOLOGY NURSING (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

Professional responsibilites, tradition and personal conscience along with legal, philosophical and religous convictions dictate nursing interventions. Inevitably, these factors embrace life-sustaining therapies; however, in view of complications, prognosis, pain and suffering and their own views of quality of life, some patients express wishes inconsistent with life-sustaining measures. In other situations, the health care provider as well as the patient may view heroic efforts as more debilitating than restorative. Resolving the conflict while preserving the patient's best interests requires a confrontation with the status of 'do-not-resuscitate' policies within the nurse's institution. A nurse-attorney presents definitions of death, resuscitation, informed consent, refusal and competency as the necessary underpinnings for the development of an ethical and legal posture within the profession with which to approach significant decisions regarding life-sustaining therapies. Literally every hour of every day nurses are immediately and directly involved with resolving ethical dilemmas based upon judgments and interpretations of oral or written orders, patient and family wishes, professional training and an infinite number of other factors. When clear policies or orders are lacking, the nurse is left with the burden of making a life or death decision. It is imperative that professional nurses assess the administrative, legal and ethical ramifications of their actions in terms of ethical codes of practice, patients' rights institutional and personal liability, civil and criminal laws and private conscience. (no Refs)

52. HEMICORPORECTOMY - A MAJOR ONCOLOGY CHALLENGE (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

Hemicorporectomy, the translumber amputation at L4-L5, is a dramatic and devastating surgical procedure. What would make an oncology team (consisting of medical and surgical oncologist, psychiatrist, nurse oncologist and staff nurse) believe a patient would consent to the procedure? What would make a patient accept willingly? Mr W, a 45 year old male with a 40-year history of familial multiple exostoses was diagnosed in 1979 with chondrosarcoma. By June 1981, the chondrosarcoma had recurred locally several times and continued to grow despite multiple chemotherapeutic regimens. The associated pain was intense, requiring multiple nerve and alcohol blocks, and a complex, around the clock schedule of oral and parenteral analgesia. Intensive interviewing of patient and wife was started by the oncology team. Patient's and wife's psychological attitude and adjustment capabilities were assessed. The chondrosarcoma entirely replaced the pelvis, invaded the skin, scrotum, penis and upper portion of both lower extremities. Due to the high preoperative narcotic requirment, the patient experienced severe withdrawal symptoms. When the colostomy and ileostomy proved functional and the patient stabilized, Mr W was transferred to the rehabilitation institute where concentrated training utilizing an egg-shaped prosthesis is taking place. (no Refs)

53. URINARY DIVERSON IN THE CANCER PATIENT (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

A urinary diversion in the cancer patient most commonly results from transitional cell cancer of the bladder, recurrent cancer of the cervix, cancer of the bowel with bladder involvement, or radiation cystitis. Although there are several types of urinary diversions, considerations involved in selecting and managing a urinary appliance are the same. The most common of these today is the ileal conduit. Many problems in the management of a urinary stoma can now be prevented or resolved by the combination of planned stoma site selection, good techniques of stomal construction, proper appliance selection, patient teaching, and consistent patient follow-up. Complications and problems can become monumental if detailed consideration is not given to each of these areas. The rehabilitation goals for the patient with a urinary diversion include independence in his ostomy care and a return to his everyday living pattern once he recovers from the surgery. The achievement of these goals requires a commitment to learn about the patient's needs and an organized system of communication among the nurses involved in his care. (no Refs)

54. TESTICULAR CANCER: AN OVERVIEW WITH NURSING IMPLICATIONS (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

While testicular cancer is rare, it has tremendous economic, social, and psychological impact. This tumor primarily strikes males during the prime of life and their most productive years. A large percentage of patients who develop a testicular tumor can be cured through current available treatment modalities. Optimal management of the testicular patients is controversial, therefore, nurses involved in the care of these patients must constantly update their knowledge regarding all aspects of the disease process. Information considered essential for nurses dealing with this special population includes selected facts about: histology, stage, volume of disease, and prognostic factors. Educating, preparing for procedures, monitoring therapy side effects, and counseling of these men about sexual concerns requires a broad base of knowledge. The purpose of this paper is not only to disseminate an accurate body of knowledge, but also to promote appropriate care of the patient with testicular cancer. (no Refs)

55. SPERM BANKING: AN OPTION FOR MEN FACING AGGRESSIVE CANCER TREATMENTS (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

The incidence of sterility in men who receive aggressive cancer treatment is remarkably high. Men had to accept that if they received treatment offering the possibility of a cure or control of disease, they had to abandon the idea of fathering their own child. Offering the option of semen storage to men who face sterilization or injury to the reproductive system as a result of cancer treatment is a relatively recent development. Life expectancy of men with advanced disease that successfully responded to aggressive treatment fortunately can now be measured in years. Unfortunately, permanent physical alterations such as treatment induced sterility is a new dilemma that needs to be addressed. Sperm banks have been used for at least two decades offering artificial insemination by donor (AID) to infertile couples. The method of semen storage for the man with cancer is the same as for a healthy sperm donor. Patient assessment, specifics of the procedures, availability of sperm banks, and costs to the patient will be discussed. Presently, no couple who has frozen their sperm prior to treatment has returned for artificial insemination. Therefore, fertilization success rate is unknown but it is expected to be the same as AID for clinically infertile couples. (no Refs)

56. DETECTION AND PREVENTION OF POST-THERAPY PROBLEMS IN THE LEUKEMIC OUTPATIENT (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

Following hospital discharge, leukemic patients encounter many physical and emotional problems stemming from intensive inpatient therapy. This presentation was devised to assist the ambulatory health care professional in the detection and prevention of these problems. Topics addressed include electrolyte imbalances, renal insufficiencies, sexual limitations as well as a social and career ostracism often experienced by these patients. Specific descriptions and reasons for these metabolic and psychosocial changes are given. Utilization of this information will promote rational, systemic evaluation of these changes. Prompt recognition and attention to these needs will decrease the transitory stresses commonly associated with newly discharged leukemic patients. (no Refs)

57. ACUTE PERIODONTAL INFECTION AND MUCOSITIS IN MYELOSUPPRESSED ONCOLOGY PATIENTS (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

Mucositis and acute periodontal infection are two types of stomatis often encountered in the myelosuppressed cancer patient. This paper will contrast the pathogenesis, prevention and treatment of periodontal infection with mucositis. The diagnosis and management of mucositis has been reviewed in depth in the literature. However, acute periodontal infection has only recently been recognized as a source of systemic infection. This infection usually occurs in patients with pre-existent periodontal disease, a chronic, usually asymptomatic infectious disease involving the supporting structures of the teeth (gingiva, bone and periodontal ligament). In myelosuppressed patients, localized signs of inflammation are often suppressed; therefore, reliable markers of acute periodontal infections in these patients are often limited to localized tenderness to palpation and temperature elevations (defined as temperature greater than 38.3C). Methods of prevention of this infection are currently under investigation at the Baltimore Cancer Research Center. Treatment of acute periodontal infections include broad spectrum parenteral antibiotics and continuous thorough oral hygiene (daily brushing and flossing). Understanding this infectious process is critical, since infection is a leading cause of morbidity and mortality in such patients. (no Refs)

58. DESENSITIZATION TECHNIQUE FOR THE CARE OF THE PATIENT WITH GROSS BODY DISFIGUREMENT (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

When a surgical procedure for the treatment of a malignancy results in gross body disfigurement, the post-operative course may be enormously stessing to both the patient and his caregivers, professional and non-professional. The stress reducing method usually suggested may provide some reduction in tension, but may not significantly aid the patient or his caregivers in managing the practical physical care necessary for both physical and psychological recovery. A patient with squamous cell carcinoma of the maxillary sinus requiring a radical maxillectomy and orbital exenteration posed a nursing management challenge which was successfully met with the utilization of a step-by-step desensitization technique. The author provides a description of the method, surgical illustrations, and patient photographs. This technique can be adapted for the care of other cancer patients with gross body disfigurement and provides their caregivers an effective and practical tool. (no Refs)

59. INDEPENDENT LEARNING MODULE: A METHOD FOR PREPARING NURSES TO CARE FOR PATIENTS RECEIVING CHEMOTHERAPY (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

The role of the oncology nurse includes administration of cancer chemotherapy, patient assessment and patient teaching. It was found that nurses were being entrusted with these responsibilities without adequate preparation. It is essential that knowledge about the various chemotherapeutic agents, their actions and side effects is learned prior to the nurse's exposure to patients. Incorporation of an independent learning module into the orientation curriculum provides this needed foundation. This module, focusing on independent self-paced learning, is meant for the nurse who has had minimal or no experience with cancer chemotherapy. The module includes 16 terminal objectives respectively divided into 16 subunits. Each subunit contains subordinate objectives, subject content, and reference list. Content of the module covers: phases of clinical trials, clinical treatment approaches, classifications of agents, mechanism of action, rationale for combination chemotherapy, routes of administration and a systems review of potential side effects and respective agents. Achievement of the objectives is assessed by post test. Advantages to this method of instruction are that 1) the nurse can contract to complete module at his/her own pace, 2) the module is self-instructional, therefore, does not require instructor or CNS time for administration, and 3) it promotes consistency and accuracy in the information disseminated. Incorporating the module into orientation has enabled the nurse to learn the various chemotherapeutic agents, respective actions, use and side effects. (no Refs)

60. CHEMOCARE: A UNIQUE MODEL OF SUPPORT FOR CHEMOTHERAPY PATIENTS (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

CHEMOCARE is a unique program which offers support and encouragement to Chemotherapy patients. Support is provided by those who have successfully completed chemotherapy and understand the fears and concerns of all chemotherapy patients. After months of planning, CHEMOCARE was formally introduced by late July 1981 by the Junior League in cooperation with a team of experts from Overlook Hospital. Diane Byrnes RN, CHEMOCARE Chairperson, arranged screening and training sessions for the 'support persons' who will work with the chemotherapy patients on a one to one basis. An advisory committee of Medical Oncologists, Oncology Clinical Nurse Specialist, Director of Behavioral Services and Nursing Director, serves as a resource for this innovative support program. The patients are referred to CHEMOCARE by a physician. They are then visited by a trained member of the support group. Because the former chemotherapy patient has first hand knowledge about the treatment and type of moral support needed, the patient initiating chemotherapy treatment is matched according to similarity of treatment, drugs and side effects. Support people make only one visit which may be at the hospital, patient's home or any other location convenient to both parties. The community and physician response to the program has been overwhelming. The goal to make chemotherapy more tolerable has been achieved by this dedicated group of people who are continuing to expand their support program to meet the needs of the chemotherapy patients. (no Refs)

61. WHAT CHEMOTHERAPY PATIENTS TEACH NURSES ABOUT THEIR SEXUALITY (MEETING ABSTRACT)

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No affiliation given
The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

Cancer patients receiving chemotherapy experience physiological changes ranging from cessation of ovulation to oligospermia. These changes are often compounded by emotional changes; therefore, patient teaching regarding the effects of chemotherapy on sexuality is a necessary component of patient education. More importantly, specific suggestions for coping must be integrated into that teaching. Problems identified by both men and women receiving chemotherapy included decreased libido, fatigue, friction induced ecchymosis or bleeding and a subjective feeling of decreased sexual attractiveness. In addition, women identified a decrease in vaginal lubrication, altered menstrual periods ranging from increased flow to irregular cycles, and infection (usually vaginal yeast) as problems commonly experienced. Men described failure to attain or maintain an erection to be the number one priority problem. Suggestions for coping with these common problems were compiled from patient interviews. The numerous suggestions included the use of water based lubricant to decrease the effects of friction, effective positioning to minimize patient fatigue, betadine douches after intercourse to decrease susceptibility for infection, and the use of touch in alternate ways such as message. Sexual assessment is an important aspect of cancer patient care, and problems are often easily identified. (no Refs)

62. CERTIFYING NURSES FOR CHEMOTHERAPY: THEORY AND PRACTICE (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

An advanced chemotherapy program for professional nurses has been developed by the Departments of Nursing and Pharmacy. The program has been designed to enhance the clinical practice of primary nurses caring for patients with malignancies. The program consisted of didactic lecture, discussion, demonstration, and a supervised clinical practicum. Topics addressed included the pharmacology of cancer chemotherapy, toxicities, side effects, drug reactions, and implications of research protocols. Technical aspects of intravenous administration, recognition of drug complications with appropriate nursing intervention, and extravasation therapy were emphasized. Enrollment was limited to experienced oncology nurses who were certified to initiate intravenous therapy. Successful completion of the course was measured by a written examination, demonstrated technical competency in the administration of intravenous chemotherapy and appropriate treatment of extravasation. To date 25 nurses enrolled in the program and 20 successfully completed it. The 5 nurses have not yet completed the clinical practicum. The mean pretest and post-test scores were 62% and 92% respectively. The mean improvement derived from paired scores was 29%. (no Refs)

63. DESCRIPTIVE ANALYSIS OF 14 NON-COMPLIANT PATIENTS TO CHEMOTHERAPY (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

There have been very few studies looking at the problem of compliance in cancer patients. Compliance to therapy is a complex phenomena and seems best measured in degrees rather than as a dichotomous variable. The purpose of the study was to determine the compliance rate of cancer patients to chemotherapy; define levels of compliance based on appointment keeping, completing laboratory work and taking medications; and to identify factors which may be related to compliance. These factors included locus of control, anxiety and self-esteem, patient's understanding of his illness, patient's perception of the severity of illness and symptoms, and patient's perception of nurses' care and concern. Becker's Health Belief Model provided the conceptual framework for this study. The sample consisted of 66 adult patients receiving outpatient chemotherapy. Data was collected by obtaining responses to a 6-part questionnaire, reflecting the variables and a chart abstract. Descriptive statistics were used to analyze the 14 (21.2% non-compliance rate) non-compliant patients. Discriminant analysis determined that females, those with high PHLC, high state anxiety and lower perception of symptoms were more compliant. The discriminant equation was 76% successful in classification. (no Refs)

64. AN INNOVATIVE APPROACH TO TEACHING A CANCER CHEMOTHERAPY ADMINISTRATION PROGRAM (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

The Cancer Chemotherapy Administration Program is a three day course designed to teach RN's to safely administer chemotherapy and provide total care for the patient receiving chemotherapy. Program content includes Introduction, Cancer Cell Kinetics, Principles of Chemotherapy, Managing Side Effects, Patient/Family Teaching. Lab Values, Calculating Drug Doses, Review of Drugs, Administration Techniques and a Clinical Practicum. A unique feature of the program is a 92 page manual which contains the course outline and objectives, lecture content, pre- and posttests and all other materials necessary for participation in the program. The manual serves as a reference for the nurses and is also an excellent guide for nurse educators who wish to develop a similar program in their own setting. The program has been delivered in three different cities by the instructors and over 100 RN's have completed the course. Performance has been evaluated by the pre- and posttest method, in which a score of 85% is necessary for successful completion of the course, and by a questionnaire mailed to the participants and their supervisors six months after completion of the program. (no Refs)

65. SMALL CELL LIAISON NURSE DEVELOPS NEW ROLE (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

In a new approach to treatment of small cell cancer of the lung, patients receive six cycles of high dose chemotherapy. The unique feature of this new regimen involves alternating a cycle of high dose inpatient chemotherapy with a cycle of high dose outpatient chemotherapy. The shorter but more intensive therapy is a deviation from previous standard therapy, and causes major changes in life style, as well as emotional, physical and financial stresses for the patient and family. This paper describes transitions in the role of the nurse in response to change in medical management. The role of the outpatient liaison nurse has been developed with the intention of minimizing duration of hospital stay. Prior to the patient's discharge from his first cycle of inpatient chemotherapy, he is visited by the outpatient liaison nurse. Open communication encourages the patient to discuss his needs and allows the nurse to begin patient education according to the outpatient teaching program. Knowledge of the patient and protocol assist the nurse to coordinate her role with that of the physician and to comprehensively meet patient needs. A forum has been developed in which the nurse and physician share information regarding patients on this protocol. The impact the nursing interventions have on nursing outcomes in this group of patients will be discussed. The trend toward intensive outpatient chemotherapy will permit application of this paper to a large patient population. (no Refs)

66. PERFORMANCE STATUS (PS) IN PATIENTS RECEIVING HEPATIC ARTERIAL INFUSION CHEMOTHERAPY (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

Various published studies suggest that evaluation of the PS of patients (pts) receiving systemic chemotherapy has bearing on the response of their cancer to the treatment. In addition, PS assessment has value as an indicator of one important aspect of the quality of life of pts. On these bases we reviewed the PS in pts receiving regional chemotherapy by hepatic arterial infusion (HAI). We used the simple Eastern Cooperative Oncology Group scale of 0-4 to determine the PS pre HAI, immediately post HAI and 3 months (mth) after the start of HAI. Pts with carcinoma in the liver from 43 colo-rectal (LB) primaries and 13 other gastrointestinal sites (non-LB) had HAI with 5-fluorouracil for a mean of 28 days. The objective remission rate (RR) for LB pts was 65% and for non-LB pts was 54%. In the LB group pre HAI, 7(16%) had PS 1, 15(35%) had PS 2 and 21(49%) had PS 3, with the respective RR of 100%, 73% and 48%. Immediately post HAI, 89% had PS 0-2 and 11% had PS 3-4. Of the 28 responders (R), 100% had PS0-2 immediately post HAI and 86% maintained this at 3 mth. For the non-LB group, PS pre HAI was 1 or 2 in 58% and 3 or 4 in 42% and this had not changed immediately post HAI (57% and 43%) or at 3 mth (57% and 43%). All 4 pts who had PS 1 or 2 responded but the RR dropped to 43% for pts (9) with PS 3. The median survival for all LB pts was 13 mth (R, 16 mth; non-R, 5 mth) and for non-LB pts was 4 mth (R, 5 mth; non-R, 3.5 mth). In contrast for non-LB cancer pts in this study, responders did show improved PS or survival. (no Refs)

67. MUSCLE RELAXATION VS 'ATTENTION PLACEBO': IN DECREASING ADVERSENESS OF CHEMOTHERAPY (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

The efficacy of Progressive Muscle Relaxation (PMR) for control of chemotherapy induced nausea and vomiting (N and V) was compared to Taped Attention Getting Placebo (TAG) and a control group (C). To date no study is available that rigorously controls for the general placebo phenomenon PMR interventions for decreasing averseness of chemotherapy. Thirty patients beginning chemotherapy treatments that have a greater than 50% chance of causing N and V were randomized into three groups: 1) PMR - patients were instructed in a standardized deep muscle relaxation procedure and told to practice 15 minutes 2 times a day and while receiving chemotherapy; 2) TAG - patients were instructed to listen to a tape of soothing music and think pleasant thoughts for the same practice schedule; 3) C - no study intervention. Baseline data was collected on all patients during 1st round of chemotherapy. Data collection throughout chemotherapy course included measuring nausea/vomiting, amount and type of antiemetics, and food/fluid intake 48 hours following chemotherapy administration. Physiological arousal pre and post training sessions in Group 1 and 2 were measured. Results show PMR group to have significantly lowered physiological arousal than the TAG group.

PMR group had significantly higher food/fluid intake 48 hours post chemotherapy than the other 2 groups. There was no significant difference between the groups when measuring type/frequency of antiemetics taken. N and V was significantly decreased in the PMR group. (no Refs)

68. ADRIAMYCIN EXTRAVASATION: FOUR-YEAR FOLLOW-UP (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

Effective nursing care of adriamycin extravasations was first reported by Barlock et al in 1979. Since then, at least 3 additional reports in the literature have documented effective alternative methods for the chemical treatment of these extravasations. Patients numbers in these reports are extremely small, and a standard approach to the problem remains extremely controversial. The authors have formulated a questionnaire that is being circulated to institutions that have implemented policies for the treatment of adriamycin and other vesicant drug extravasations. We will summarize the incidence of extravasation, and assess and compare the results of different treatment approaches in an effort to evaluate their efficacy. A four year follow-up of the incidence and treatment of adriamycin extravasation in the Medicine Branch, NCI, will be compared to the data obtained from the questionnaires. (no Refs)

69. AN EVALUATION OF THE SAFETY OF HANDLING METHOTREXATE (MTX) (MEETING ABSTRACT)

Johnson BL, Gross J, Graham ML, Bertino JR

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

Current literature reflects a growing concern regarding the potential risks for nurses (RNs) handling antineoplastic agents. The purpose of this prospective study was to determine whether current practices by RNs handling MTX were sufficient to protect them from the risk of systemic absorption of this drug. Fourteen RNs from 7 ambulatory patient care settings were studied. All RNs had at least 6 months experience with administration of anti-cancer drugs. Systemic absorption of MTX was determined by assay of red blood cells (B) and 24-hour urine (U) specimens. RNs submitted baseline B and U after a weekend off duty, B and U after a day of maximum MTX exposure (MAX) and U after a day of minimal MTX exposure (MIN). During MAX RNs gave all MTX prescribed in their setting. During MIN RNs gave no MTX and served as controls for RNs at MAX. An MTX Info Sheet was completed by each RN at MAX describing doses and administration of MTX, and any untoward events. Each setting was observed by one of the investigators to define drug handling practices. These practices and range of MTX doses prepared and given varied in each setting. B and U MTX levels were measured spectrophotometrically by inhibition of the enzyme dihydrofolate reductase. Levels of 1.0x10(-9) and 2.0x10-10M can be detected in B and U respectively by this assay. MTX levels below these are not considered hazardous. All MTX assays were negative. (no Refs)

70. IMPLEMENTING GUIDELINES FOR SAFE HANDLING AND DISPOSAL OF ANTINEOPLASTIC AGENTS IN A GENERAL HOSPITAL (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

Growing concern over a potential occupational hazard to hospital personnel exposed to antineoplastic drugs spurred the development of guidelines for handling and disposal of these agents in a large general hospital. The guidelines require the use of gloves and masks by the nurses involved in mixing the drugs. Specially designated biohazard bags are used to confine the waste which is then incinerated. The extensive interdisciplinary collaboration required to establish these guidelines will certainly continue as implementation ensues. New questions surface daily: 'Who will transport the waste?' 'How do we implement this on non-oncology units?' What about air-borne contamination of other personnel?' A plan whereby the drugs will be mixed by pharmacy under a vertical laminar hood has been recommended. Until this is realized, meeting the challenge of implementing these guidelines will minimize possible occupational hazard. (no Refs)

71. RADIATION THERAPY FOR PRIMARY BREAST CANCER: NURSING MANAGEMENT (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

Radiation therapy following lumpectomy increasingly is gaining acceptance as an alternative to mastectomy for the primary management of breast cancer. As part of a randomized clinical trial, radiation therapy nurses are following 50 patients who received lumpectomy, axillary dissection and radiation therapy to the involved breast. Morbidity of radiation therapy induced side effects were fatigue (greater than 95% of cases), soreness of the breast and chest wall (50%), erythema (greater than 90%) and swelling of the breast (35%). Chronic side effects have included persistent soreness of the breast and chest wall (20%), intermittent arm edema (15%), rib fractures (10%), and decreased arm motion (5%). Nursing management of these patients focuses on patient adaptation to this mode of therapy. Patient teaching includes information about the disease process, concepts of radiation therapy, side effects of internal and external radiation therapy and possible interventions, as well as skin care and exercise regimens. Psychosocial assessments, counseling and support are provided with long-term followup. (no Refs)

72. FACTORS AFFECTING ANXIETY IN PATIENTS RECEIVING RADIATION THERAPY (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

Over 50% of all cancer patients receive external radiation therapy. It appears that anxiety levels are increased in these patients, yet factors associated with increased anxiety remain unidentified. Neuman's Health Care Systems Model provides a theoretical basis for the investigation of patient's psycho-social reactions to radiation therapy and was utilized in this study. An exploratory study was peformed with 50 adult cancer patients who were receiving external radiation therapy in a large university medical center in the Midwest. The purpose of this study was to identify which biological, psychological and/or social factors are correlated with anxiety. Factors studied include: 1) physical symptom distress, 2) knowledge of radiation therapy, 3) length of time on treatment, 4) amount of previous cancer theray, 5) depression, and 6) anxiety. The Symptom Checklist-90, a Knowledge Test, Symptom Distress Scale, and Demographic Data Sheet were used to collect data. Data analysis was obtained through multiple correlations and linear regressions. Depression and symptom distress were found to correlate with anxiety. The anxiety, depression and physical symptoms triad occurs frequently in cancer patients, but has not previously been reported in radiation therapy patients specifically. Nursing interventions include assessment of depression and interventions for physical symptoms to minimize anxiety in patients receiving external radiation therapy. (no Refs)

73. A SYSTEMIC APPROACH TO IDENTIFYING PROBLEMS OF THE PATIENT RECEIVING RADIATION THERAPY (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

The purpose of this study is to categorize problems of the patient receiving radiation therapy. A behavioral systems approach provides categories for a list of problems of all cancer patients receiving radiation treatment at Harrington Cancer Center. The list consists of all patient problems identified and charted by staff registered nurses using the problem-oriented record system during a three month period. The study magnifies the importance of a systemic approach to patient problem identification. Through categorization according to a behavioral system there is a more concise, consistent and pertinent presentation of patient problems. Without the use of a systematic approach patient problems are identified with less appropriate terminology and less comprehensively for the prescribed nursing care. In summary a framework for identifying patient problems in a radiation therapy setting is utile and complimentary to the problem-oriented record and provides a systematic approach to clinical nursing practice. (no Refs)

74. THE ROLE OF THE CLINICAL NURSE SPECIALIST IN RADIATION THERAPY (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

Radiation therapy is a rapidly developing and expanding field in the treatment of cancer patients. One-half to two-thirds of cancer patients receive radiation therapy during the course of their disease. Nurses working in a radiation therapy department must have a knowledge of the principles of radiotherapy as well as an appreciation of the developing problems of patients subsequent to therapy. The clinical nurse specialist (CNS), because of her formal preparation, can provide optimum nursing care to radiotherapy patients by a) direct patient care, b) education of patients and nursing staff, c) providing consultation services to patients, family nurses, physicians, and the community, and d) nursing research specific to the nursing care of radiotherapy patients. Included in the presentation is a combination job description/evaluation tool useful to the administrator or CNS plannng to develop or expand the CNS role in a radiation therapy department. (no Refs)

75. DEFINING AND IMPLEMENTING THE ROLE OF THE NURSE IN RADIATION THERAPY (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

The role of the nurse in Radiation Therapy is an emerging subspecialty in oncology nursing. However, defining and implementing role responsibilities remains a difficult task. Nurses involved in developing roles often experience frustration and dissatisfaction. There are many factors related to this problem. There may be a lack of clarity regarding role expectations. In many radiation therapy departments today, technologists carry out the nursing-related functions. In role theory, the essence of role development involves a 3-phase process: identifying and defining the role; implementing the role by securing collaboration of co-workers; and achieving recognition of the role. The purpose of this paper is to: (a) describe some of the barriers which hinder role development; (b) to present a unique position description developed by the author and utilized as the first step in defining the role. Major role responsibilities of the nurse are to the following groups: patients and their families; nurse manager; radiation therapists; fellow unit personnel; nursing units and other departments; professional committees and organizations; (c) to outline communication and clarification necessary in implementing the role; (d) to evaluate and redefine role responsibilites based on the performance description. (no Refs)

76. LOCAL MICROWAVE HYPERTHERMIA AND IRRADIATION IN CANCER THERAPY (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

Hyperthermia is rapidly becoming a major treatment modality in radiation oncology. Hyperthermia entails heating a tumor to approximately 43.5C for 60 to 90 minutes using microwave generators or radiofrequency fields. Tumor hyperthermia can be used before, during or after radiation exposure. It is known that hyperthermia, pre- or post-irradiation produces more cell kill than irradiation alone. This presentation will summarize the experience of 80 patients treated at the Mallinckrodt Institute of Radiology. Patients had recurrent lesions from epidermoid carcinoma of the head and neck, adenocarcinoma of the breast or melanoma and frequently had prior irradiation (5000 to 6000 rad). The patients were treated wth 400 rad fractions given every 72 hours followed by hyperthermia (total 3200 to 4000 rad). Hyperthermia was administered with microwave generators for a temperature of 43C. The analysis of results in 67 lesions showed the following: 15 of 26 recurrent head and neck lesions had complete regression; 5 had 50% regression. Of 24 recurrent breast adenocarcinoma lesions 17 treated with 3200 to 4000 rad had complete response, 4 had 75% regression and the remaining had only minimal regression. Of 8 melanoma nodules 6 had complete response, 1 had 80% regression. Three patients with soft tissue sarcomas had complete responses. Historical information, explanation of the treatment mechanisms, and nursing implications for the patient undergoing hyperthermia will be explored. (no Refs)

77. RADIATION EXPOSURE TO NURSING PERSONNEL FROM PATIENTS RECEIVING DIAGNOSTIC RADIONUCLIDES.

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Heart Lung; 11(3):217-220 1982

Thirteen nurses measured their exposure from 73 patients undergoing a total of 194 diagnostic radionuclide studies during a 13-wk period. Eight types of radionuclides were administered in doses ranging from 0.4-27.3 mCi. Pocket dosimeters demonstrated that the 5-day work week dose ranged from 0.0 to 10.4 milliroentgen-equivalent-man (mrem). The av cumulative quarterly exposure was 11.2 +-9.8 mrem, well below the max permissible dose for the fetus of a pregnant occupational worker. None of the film badges worn by the nurses for detection of whole-body radionuclide exposure recorded detectable radiation exposure. (13 Refs)

78. NURSING EVALUATION OF THE NUTRITIONAL EFFECTS OF RECOMBINANT LEUKOCYTE A INTERFERON ON PATIENTS (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

Recombinant leukocyte A interferon (Ro 22-8181 Hoffmann-LaRoche) causes side effects that interfere with the nutritional status of the cancer patient. To date, significant anorexia has been the major problem but nausea, vomiting and diarrhea have been noted. This phase I biological response modifier is given intramuscularly either BID or TIW in a dose-escalating protocol. To document our impression of the effect of interferon on the nutritional status of the patient, comparisons of baseline to end of study weight changes were made. This was the first attempt by a staff nurse in this oncology research unit to more critically evaluate such an observation. To date, 31 patients have been evaluable for weight changes. The mean baseline is 168.5 lb and 162.8 lb at day 28 which is a mean weight loss of 5.7 lbs or 3.4% over 4 weeks. Nine of 31 patients lost greater than or equal to 6% in this time period and 11/31 patients lost at least 2 lbs/week. Effects of dosage and schedule are currently being analyzed. This presentation will demonstrate how the problem solving approach was utilized by a staff nurse when a nutritional problem became apparent. An updated analysis will be presented which will focus on the nursing assessment and interventions implemented as a result of these findings. It is our conclusion that the nutritional effects of recombinant leukocyte A interferon warrant further attention to facilitate optimal health and comfort to patients receiving this agent. (no Refs)

79. DEVELOPMENT OF PATIENT EDUCATION PROGRAM: HOW TO TAKE YOUR DOSE OF ORAL CALCIUM LEUCOVORIN (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

A standard plan for patient instruction in self-administration of oral calcium leucovorin is imperative since conflicting or erroneous patient instruction has the potential to produce deleterious effects in these patients. This is further justified by the fact that calcium leucovorin is only available in an ampule and must be withdrawn by the patient into a needle and syringe. The scope of this presentation is to review the planning, implementation and pilot evaluation of a multi-disciplinary teaching plan for the outpatient receiving oral calcium leucovorin following high dose methotrexate. This project resulted from direct collaboration with a multidisciplinary team including clinic nurses, a health educator and pharmacists. Findings from a initial assessment indicated that inconsistent and inadequate patient instruction was being provided for this patient population. A patient teaching plan was therefore developed to correct these instructional deficiencies. The teaching plan format utilized consists of five parallel divisions, ie, team member, patient objective, content, teaching action, and outcome criteria. The designated team members are responsible for teaching the patient the outlined content. Teaching tools developed to facilitate patient learning and compliance included an instructional card and a 10 minute demonstration video tape. A 2 month pilot of the teaching plan and tools was conducted. Evaluation focused on the patient's knowledge level with regard to calcium leucovorin and administration procedure and satisfaction with instructions received. Results demonstrated that patient education intervention made a positive contribution in patient compliance, knowledge acquisition and satisfaction. (no Refs)

80. EVALUATION OF CELL-MEDIATED IMMUNITY IN CANCER: A COMPARISON OF PATIENTS VS CONTROLS (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

The presence of malignancy may be associated with suppression of cell-mediated immunity. Recent advances in biology, including hybridoma technology, have improved our abilities to investigate cell-mediated immunity in vitro. In order to investigate this association, 59 patients with solid tumor carcinomas were screened for evidence of immunosuppression. Criteria for immunosuppression included assays of lymphocyte function and cell surface marker subsets; an abnormality was defined as a low value in any 1 of 12 in vitro assays. A control group of 70 normal subjects was similarly screened. Nursing responsibilities in such screening procedures include appropriate teaching with regard to the concept of immunosuppression and the pathophysiology of the immune system as well as venipuncture, coordination of specimen collection, data collection and analysis. Functional assays include phytohemagglutinin (PHA) concanavalin-A (CON-A), pokeweed mitogen (PWM), mixed lymphocyte response (MLR) and antigen stimulation with varicella zoster virus (VZV). Surface markers on lymphocyte subpopulations were detected by murine monoclonal antibodies (MoAbs) for T-cells, helper T-cells, suppressor T-cells, B-cells, and Ia+ cells. Two-thirds of the cancer patients screened had a reproducible abnormality in at least one of these immunologic assays. Identification of such abnormalities provides a rationale for potential use of biologic response modifiers such as interferon, thymosin and monoclonal antibodies in the therapy of cancer. (no Refs)

81. NABILONE: AN EFFECTIVE ANTIEMETIC IN PATIENTS RECEIVING CANCER CHEMOTHERAPY (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

Forty-two patients receiving chemotherapy were entered on a random prospective double-blind study to evaluate the effectiveness of nabilone, a synthetic cannabinoid, compared to placebo. Most of these patients received platinum, a drug which universally produces severe nausea and vomiting, as part of a combination chemotherapy regimen. The patients served as their own controls, receiving either nabilone 2 mg BID or placebo during 2 consecutive treatment courses with the identical chemotherapy. Efficacy was determined by comparing the severity of nausea, frequency of vomiting and the food intake during the nabilone and placebo cycles. Side effects including hypotension and somnolescence associated with nabilone did not interfere with chemotherapy. Thirty patients (91%) reported nabilone to be more effective than placebo. During nabilone therapy a majority of the patients had less vomiting (29 of 33), and less nausea (21 of 33 patients). Nabilone is an effective antiemetic agent in controlling nausea and vomiting induced by chemotherapy. (no Refs)

82. RELAXATION TRAINING IN DECREASING CHEMOTHERAPY INDUCED REFRACTORY NAUSEA AND VOMITING (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

The study evaluated the use of Progressive Muscle Relaxation (PMR) in reducing anxiety, nausea and vomiting (N and V) in patients receiving cancer chemotherapy. PMR is believed to neutralize autonomic activation and therefore alleviate averseness associated with cancer chemotherapy administration and some chemotherapy related side effects. The patients (N 15) were identified by their attending oncologists as experiencing refractory drug induced N and V, in spite of aggressive use of standard and experimental pharmacological antiemetics. Baseline data were collected during one cycle of chemotherapy as the patients, by virtue of their history, serve as their own controls. The patients were instructed in PMR and told to practice two times a day and while receiving chemotherapy. Data collection included measuring physiological arousal and state-trait anxiety levels pre and post PMR therapy; food/fluid intake and frequency/quantity of emesis for 48 hours following chemotherapy; and changes in body weight and skin folds throughout entire treatment course. Results to date show patients who practiced PMR had an average 50% reduction in N and V. Estimated range shows 2 patients with 100% response and one patient with no response to PMR. All patients improved oral caloric intake 48 hours post chemotherapy. Correlation analysis is now underway comparing compliance to practice session, changes in pre and post PMR physiological arousal, and decrease of N and V. (no Refs)

83. PROPHYLACTIC ANTIEMETICS FOR CHEMOTHERAPY-ASSOCIATED NAUSEA AND VOMITING (MEETING ABSTRACT)

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No affiliation given

The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

The purpose of this study was to provide nursing with additional scientific data on which to base clinical nursing judgements involving antiemetic administration for control of chemotherapy-associated nausea and vomiting. A sample of fifteen cancer chemotherapy patients were randomly assigned to control and experimental groups. The experimental group received prophylactic doses of an antiemetic prior to chemotherapy administration and the onset of nausea and vomiting. The control group received only 'prn' or 'as needed' antiemetic doses. Patient perceptions of post-chemotherapy severity and duration of nausea and frequency of vomiting were scored on the Nausea and Vomiting Scale developed by Lewis et al (1979). Data analyses indicated decreased patient perceptions of the post-chemotherapy variables in the experimental group. The decrease in perceptions was statistically significant for those patients in the sample who received chemotherapeutic agents considered to have strong emetic properties. Implications based on patient responses to discussion question were made concerning the relationship of post-chemotherapy nausea and vomiting to patient perceptions of chemotherapy and its side effects, to previous experiences with post-chemotherapy nausea/vomiting, and to previous problems with stomach upset. (1 Ref)

84. INSTRUMENTS FOR ASSESSING PATTERNS OF NAUSEA AND VOMITING (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

Few instruments that measure separately the patient's perception of nausea and vomiting are reported in the literature. The pattern of occurrence and the amount of distress caused by each of these common symptoms is unknown for the individual chemotherapeutic agents and drug combinations. This pilot effort is essential for future study of patterns of nausea and vomiting and effective nursing interventions to control the problems of both nausea and vomiting. One aim of this study includes establishing the reliability and validity of an adapted form of McCorkle and Young's Symptom Distress Scale (SDS). A second aim is establishing the reliability and validity for the Index of Nausea and Vomiting (INV), a new instrument that is designed to measure the patient's perceived duration of nausea, frequency of nausea, distress from nausea, frequency of vomiting, and amount of vomiting within a 12 hour time reference. The third aim of this pilot is to describe patterns of nausea and vomiting that appear in two consecutive courses of chemotherapy. Subjects are senior citizens (50-60) who are functioning outside their homes; patients (30) who are receiving antitumor chemotherapy; and, a family member or significant other for each patient. Internal consistency and equivalency reliability will be established for the adapted form of McCorkle and Young's SDS. Internal consistency and reliability will be established for the INV. Construct and concurrent validity will be estimated for both tools. (no Refs)

85. NURSING INTERVENTIONS FOR BEHAVIORAL TREATMENT OF ANTICIPATORY NAUSEA AND VOMITING (ANV) IN CANCER CHEMOTHERAPY (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

Clinicians are very aware that patients sometimes become queasy and vomit even before chemotherapy is administered. Patients have reported that they begin to 'feel sick' en route to the clinic; the sight of the hospital or entranceway evokes this anticipatory phenomenon. Health care staff tend to interpret pretreatment nausea and vomiting as 'hysteria' or 'anxiety,' and often the response pattern is dismissed as 'nerves' even by clinicians. Sometimes patients are embarrassed to mention the symptoms for fear they will be labeled 'psychologically abnormal.' The few studies done on ANV suggest that it is a classically conditioned response. Previously neutral clinical environmental stimuli acquire the capacity to elicit anxiety, nausea and vomiting after the patient has been repeatedly subjected to drug-induced N and V in the same or even similar clinical environment. As a classical conditioned response, the ANV syndrome can be controlled or even eliminated by adaptation of specific behavioral treatments to nursing intervention. Studies that have empirically tested such treatments will be discussed. Adaptation of these treatments by clinicians will be explained. Suggestions for change in clinical hospital environment that are easy to implement will be presented. (no Refs)

86. ANOREXIA IN THE CANCER PATIENT: SUBJECTIVE AND OBJECTIVE DESCRIPTORS (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

Anorexia has been identified as a major factor in the progressive weight loss and physical deterioration often seen in the cancer patient. Alterations in the physiologic food intake regulating mechanism, changes in taste discrimination or odor perception, and psychological reaction to the disease or treatment are a few of the factors which contribute to the cancer patient's 'loss of appetite' and resulting weight loss. Anorexia is clinically difficult to measure as there are multiple variables which influence the clinical picture. It is imperative that the nurse learn to identify and recognize subjective and objective descriptors (manifestations) of anorexia exhibited by the cancer patient in the clinical setting. Specific objective descriptors or data on patterns of food intake, amount of food and fluid intake, and an accurate record of weight loss or gain is vital information to record. The patient's 'verbal cues' (subjective descriptors) related to appetite should be accurately recorded. An accurate assessment of the descriptors of anorexia assists the nurse in identifying appropriate nursing interventions for minimizing or alleviating possible sources or causes of anorexia as well as helping the nurse to influence and increase food acceptance by the patient. Subjective and objective descriptors of anorexia will be presented using specific data from patients in the clinical setting. (no Refs)

87. USE OF DRUGS FOR PAIN WITH CANCER PATIENTS.

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Univ. Iowa Coll. Nursing, Iowa City, IA
Cancer Nurs; 5(3):181-190 1982

A descriptive study of 40 patients' perceptions of pain from advanced or terminal cancer and their prescribed medications was conducted in a midwestern university hospital over a 14-day period. After an initial interview, pain was assessed daily by using pain intensity and distress scales. Each patient's medication record was updated daily. Analysis of the data revealed that patients continued to have moderate levels of pain and distress in spite of their analgesic regimes. Pain caused moderate to severe interference with living for 76% of them and was most apparent in irritability, decreased mobility, and crying. Over half of the analgesics were ordered for 4-hr intervals or longer, but 78% of the patients indicated that the duration of relief from pain was less than 4 hr. Although this was an exploratory study with a small sample size, the findings appear to provide sufficient justification for further study in this area. (Author abstract) (16 Refs)

88. DIURNAL VARIATION IN PAIN INTENSITY AND USE OF ANALGESICS FOR HOSPITALIZED CANCER PATIENTS (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

Pain is often treated with analgesic medications on an as needed basis, or through the use of a rigid medication schedule. These regimens are not based on physiological study of any pattern of pain; yet researchers have provided evidence that a daily or diurnal, pattern of pain exists. This study, therefore, tested the hypothesis that pain intensity of hospitalized cancer patients is higher in the evening than in the morning. The Chambers-Price Rating Scale and the Graphic Pain Rating Scale were used to obtain four pain scores from 7 AM to 10 PM for five days. Twenty-one patients participated, although only 10 had three or more days of pain treatment. Match paired t-tests between the means of the four time periods were not significant at the .05 level. The hypothesis of diurnal variation in pain was not supported. Analyses of analgesic medications given showed that 19% of the medications were administered between 9 AM and 1 PM while 15% were given between 9 PM and 1 AM. As administration of analgesic medications decreased, reports of pain intensity remained about the same. As a result, recommendation is made to study how hospitalized patients judge when they need analgesic medication. Comparison of the instruments, for all times and patients, with a Pearson r correlation showed little agreement. Further study is needed on tools measuring clinical pain for reliability, validity, and type of pain assessed. (no Refs)

89. PAIN MANAGEMENT: A PILOT PROJECT.

Bagley CS, Falinski E, Garnizo N, Hooker L
Catholic Univ. America Sch. Nursing, Washington, DC
Cancer Nurs; 5(3):191-199 1982

The problems of cancer pain are multifaceted, not only for the person experiencing pain, but for those significant others and health care personnel who are directly involved. No single approach to the management of pain is sufficient when one is caring for the patient with pain from cancer. Attitudes and beliefs of all persons involved in this care system impact directly upon the expected outcomes related to the relief of pain. It is well established in the literature and by our experience that attitudes toward pain management can interfere with the actual administration of or request for medication, thereby directly impacting upon relief patterns. The purpose of the pilot pain management project was to determine how the assessment of pain as recorded by the nurse correlates with subsequent nursing interventions in the cancer patient. In order to facilitate this goal, the pilot project included: (1) an exploration of the attitudes of nurses and other health care personnel as they relate to the administration of narcotics to the cancer patient, (2) a literature review which established the need for the development and use of assessment tools to be used for patients with pain from cancer, (3) a description of the development and pilot testing of an admission pain history data form, and (4) presentation of data from the use and evaluation of the pilot pain records and admission pain history forms, and the results of the retrospective chart survey. Limitations of the pilot study and those doing research in a community hospital are addressed. Conclusions are drawn relative to the need for a standard nomenclature to be used by patients and staff in describing pain and its relief patterns. Additionally, recommendations are made for conducting pilot projects in a setting not familiar with projects of this nature. (Author abstract) (18 Refs)

90. EVALUATION OF A FAMILY SUPPORT GROUP (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

This investigation was designed to determine if a support group for families of cancer patients could improve emotional responses to the cancer situation. Antonovsky's Salutogenic Model of Health was used as a conceptual framework. Three instruments were used in the study to operationalize Antonovsky's Sense of Coherence. The demographic variables collected were seen as examples of generalized resistance resources which influence the strength of the Sense of Coherence. The problem was to determine if a family support group would change scores on the three instruments. A Quasi-experimental pretest-posttest design with a nonequivalent control group was used to study the problem (N 58). Three hypotheses were developed which predicted no significant differences on the scores of the three instruments between the control group and the experimental group. Data collection tools consisted of demographic information and three scales: a semantic differential--Cancer Beliefs Questionnaire (1980)--developed by one of the investigators; Beck's Hopelessness Scale (1974); and Hoffmeister's Cancer Attitudes Questionnaire. Construct validity and acceptable reliabilities were established. Hypotheses were analyzed using analyses of variance and covariance. No significant differences were found between experimental and control groups. Secondary analyses included Pearson correlations, discriminant analyses and cannonical correlations which revealed significant relationships. The study indicates characteristics of those who tend to seek support. The study can give direction for further study in this difficult to examine but very important field. (no Refs)

91. FAMILY COPING WITH CANCER (MEETING ABSTRACT)

Longman AJ, Young KJ
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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

Although persons respond to the diagnosis and treatment of cancer in different ways, the evaluation of the experience is often not reported from the patient's perspective. Forty-five persons diagnosed with melanoma participated in an exploratory study to investigate variables associated with life change events. A series of questions designed to elicit information about how life is different now from what it was before diagnosis and treatment were asked of the subjects. The questions included those concerning physical appearance and endurance, relationships with family and friends, job performance, decision making and sense of achievement. After each question the subjects were asked to rate on a scale of 1 to 6 the degree of change with scores ranging from 18 to 108. Content analysis of the data yielded four categories: those concerned with self, those with significant others in family, those with significant others in the community, and those with health care professionals. The conclusions of the data are addressed to directions for nursing practice. (no Refs)

92. LIVING WITH CANCER: HUSBANDS' VIEW OF LIFE STYLE CHANGES (MEETING ABSTRACT)

Graham VE
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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

Cancer is one of the major chronic illnesses that brings about change in the family life style. The paper presents results of a descriptive study undertaken to determine the life style changes that occur in a husband whose wife is undergoing treatment for gynecological cancer. An interview guide was developed to elicit the husband's view of perceived life style changes in 20 subjects whose wives were in the adjuvant, recurrent, or advanced treatment phase of their experience with gynecological cancer. This interview consisted of questions regarding changes in the husband's daily routine, changes in his relationship with others, and changes in his relationship with his wife. Results from the questions regarding changes in daily routine and changes in the relationship with others revealed that the husbands experienced slight to moderate change with the greatest change occurring in eating patterns, management of stress, daily work routines, time spent with children, indoor activities, other people's behavior, and time spent with others. The husbands experienced a moderate to great deal of change in their relationship with their wives, with the greatest change occurring in activities shared with their wives, in their sexual relationship, and their overall relationship with their wives. The study also revealed that the changes were not always for the worse: some changes were for the better and some neither for the better nor for the worse. These findings offer direction for clinical nursing practice. (no Refs)

93. CANCER IN THE ELDERLY: CONSIDERATIONS IN NURSING MANAGEMENT (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

The aging process involves a continuous alteration of every function in the body. Thus the evolution of cancer in the aged population, superimposes additional systemic effects on physiological and psychological processes. This presentation will address specific considerations in nursing management relative to the geriatric cancer patient. Five of the ONS (Oncology Nursing Society) Outcome Standards for cancer nursing practice will be addressed specific to the elderly patient with cancer. A review of those cancer occurring with greater frequency in advancing age will address the prevention and early detection standard. The neurology of aging with special emphasis on the differential diagnosis of depression in geriatric cancer patients will be related to the standard of coping. Issues concerning sexuality needs in the elderly sub-population of cancer patients will also be defined. Implications of nutritional deficits in cancer patients over the age of 60 as well as the effects of aging on immunity and protective mechanisms will be described. In addition, the physiologic aspects of aging related to cancer therapy will be presented. Special indications concerning the pharmacokinetics of chemotherapy administration and the delivery of radiation therapy to the geriatric patient with cancer will be reviewed. (no Refs)

94. A POST-MASTECTOMY REHABILITATION PROGRAM IN THE COMMUNITY HOSPITAL (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

The implementation of specific education concepts to meet the needs of the cancer patients can prove to be challenging when patients are located in general medical and surgical units. Such variables within the system as the nurse and the content of the material imparted can be varied from unit to unit. Communication of specific interventions can be diluted with interventions from different disciplines on the health care team. In an effort to standardize the multi-disciplinary efforts of the team and coordinate existing systems of communication, a rehabilitation program was implemented in February of this year. Nursing, Physical Therapy, Occupational Therapy, Home Care, Social Work and Reach to Recovery joined together to develop this program. Program objectives and specific objectives for each discipline have been developed. The overall objectives of the program are: 1) Coordinate existing services to meet the specific needs of the woman who has undergone the mastectomy. 2) Standardize existing educational interventions with flexibility for individual needs. 3) Provide a basis upon which future cancer education programs can be developed. Patient education materials developed will be presented. Program evaluation tools as the restrospective audit and patient questionnaires will be shared. Helping and restraining forces will be discussed in the development of this multidisciplinary effort in the community based teaching hospital. Plans for future changes will also be included. (no Refs)

95. THE RELATIONSHIP BETWEEN LIFE CHANGE LOSSES AND STRESS LEVELS FOR FEMALES WITH BREAST CANCER (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

The purpose of the study was to identify life change losses and the relationship of losses to stress levels for females with breast cancer. Multiple changes in the life of patients (pts) may occur as a result of the disease or the treatment. Changes such as unemployement, financial distress, or immobility may be perceived as a loss of some personal, economic, or social value in life. A questionnaire was developed to determine the loss and stress perceptions of 29 subjects, who were at least one year post diagnosis. A significant relationship was observed between the total number (39) of past losses and present stress. Of the 29 subjects, 16 were evaluated according to treatment: Surgery (S), Chemotherapy (CT), Radiation Therapy (RT). A significant difference was observed between the total number of past losses for ten pts with S + CT and six pts with S + RT. All 29 subjects were more concerned with physical losses than psychological losses. The results indicate that: A) past losses appear to influence present stress, B) women who receive S + CT appear to be at a higher risk of experiencing change and loss than women who receive S + RT, and C) physical losses may be more stressful to pts than psychological losses. (no Refs)

96. COST OF COUNSELLING WOMEN WHO UNDERGO MASTECTOMY.

Maguire P, Pentol A, Allen D, Tait A, Brooke M, Sellwood R
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Br Med J; 284(6333):1933-1935 1982

The psychiatric morbidity associated with mastectomy and breast cancer was substantially reduced by a specialist nurse who counseled women before and after surgery and monitored their progress. A controlled study was, therefore, carried out to determine what this cost. National Health Service costs were almost wholly covered by savings made because counseled subjects who developed psychiatric problems were recognized and treated much earlier than control patients. Counseled and control subjects suffered considerable financial losses, but these were offset in the counseled group by their relatives' earlier return to work. Such counseling schemes are necessary and effective and may be implemented at little extra cost. (Author abstract) (3 Refs)

97. KNOWLEDGE OF A SELECTED GROUP OF PROFESSIONAL STAFF NURSES, IN AN ONCOLOGIC HOSPITAL, OF THE RECOMMENDED PRACTICE OF MONTHLY BREAST SELF-EXAMINATION (MEETING ABSTRACT)

Slavin EM, Rogers JM
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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

A study was conducted to investigate the knowledge of 20 female professional staff nurses in oncology of the recommended practice of breast self-examination (BSE). The researcher's second purpose was to describe the compliance of those same nurses with BSE. A questionnaire consisting of 19 questions dealing with general knowledge of breast cancer, the technique of BSE, compliance with BSE, and demographic data was utilized. Analysis of data suggested a possible lack of knowledge pertaining to risk factors for developing breast cancer and signs and symptoms of breast cancer. Generally, data indicated the ability of participants to adequately perform BSE but there is questioning as to whether they can clearly explain the technique to other women. Analysis of the section concerning compliance implies that 15% (3) of the participants comply with the recommended practice of monthly BSE. Recommendations resulting from the study include: (1) replication of the study using a large sample, providing more time to complete the questionnaire, and stressing the selection of the answer 'don't know' if the respondent is not almost certain of her response; (2) replication of the study comparing responses of nurses in oncology with those in a general hospital; (3) a study to determine the value of an educational program on breast cancer and BSE by the use of a pre-test and a post-test. (no Refs)

98. HEALTH BELIEFS AND THEIR INFLUENCE ON BREAST SELF-EXAMINATION PRACTICES IN WOMEN WITH BREAST CANCER (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

Despite technological advances, breast cancer continues to be the most common cause of death from cancer in women. Women with a prior history of breast cancer may be at a five times greater risk for local recurrence or development of a lump in the other breast. The purpose of this exploratory study was to examine the high risk patient's personal perceptions regarding breast cancer and breast self-examination (BSE). During follow-up visit, a group of 25 women, ages 29 to 76, were administered a 32-item questionnaire adapted from Stillman (1977) and Trotta (1980). All women had received radiation therapy instead of mastectomy as the primary treatment for stage I or II breast cancer. Rosenstock's Health Belief Model was utilized as the theoretical framework. Chi square analyses were computed to determine the influence of perceived susceptibility to breast cancer recurrence, perceived benefit from monthy BSE and barriers which inhibit BSE, on the frequency of BSE. Perceived susceptibility to recurrence of breast cancer was related to frequency of BSE practice. Thus, the higher the perceived chances for a recurrence, the more frequent the practice of BSE. All but one of the sample respondents reported high expected benefits accruing from BSE (ie, discovering a lump earlier). In contrast to other studies, barriers such as fear and anxiety were found to be unrelated to frequency of BSE. (no Refs)

99. ONCOLOGY NURSES' KNOWLEDGE, PERCEPTIONS AND COMMUNICATION OF THE SEVEN WARNING SIGNALS OF CANCER (MEETING ABSTRACT)

Gallagher MT
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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

A study was conducted to determine oncology nurses' knowledge, perceived benefits and communication of the American Cancer Society's Seven Warning Signals of Cancer. The descriptive study was conducted at a selected oncologic hospital. Fifteen staff nurses with at least one year oncology experience responded to a questionnaire devised by the researcher. The nurses' mean knowledge of the warning signals was 76.52%. In general, their ability to identify the warning signals in hypothetical situations was greater than their ability to list the signal. Nurses who had earned an Associate Degree scored the highest on the questionnaire. No relationship was demonstrated between knowledge of the signals and years of oncology experience. All participants agreed that the earlier cancer is detected, the more effective the treatment is and most agreed that the warning signals are a useful tool for early detection. However, one-third or more did not agree that the warning signals differentiate pathological and normal conditions, prevent delay in physician visits, or decrease client anxiety. Most of the nurses communicate the signals sometimes, when the client asks, utilizing discussion as a method. Implications of this study for nursing practice include the need for increased emphasis on the role of the nurse as detection educator in basic nursing programs and continuing hospital based education. (no Refs)

100. THE EFFECT OF A TARGETED CAMPAIGN TO ALERT HIGH-RISK WOMEN TO CANCER SYMPTOMS (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

To increase awareness of women over 30 to their risks of five major cancers, a statewide, week-long campaign was sponsored by four organizations: County Division of American Cancer Society (ACS), State Federation of Women's Clubs, Channel 8 (state's largest tv station) and Yale Comprehensive Cancer Center's Office of Cancer Communications. Timed with International Women's Day, the program was planned and carried out with nurse educators and cancer nurses throughout the state. The project, which featured a positive, self-directed approach, had three focal points: a self-assessment/informational kit available through the toll-free Cancer Information Service (CIS); a five-part tv series featuring a risk-assessement quiz, played twice a day at prime-time, and education programs by nurse volunteers in 14 local ACS units. The impact of the campaign was assessed overall by the total number of kits requested—1500 distributed, surpassing the objective by 300%. The campaign was additionally evaluated by a short telephone survey of the 624 women who requested kits via the CIS. A follow-up post card questionnaire had a 42% response rate. This demonstrated that 35% were at higher risk and 73% of them planned to take action as a result. Over 10% of all callers had additional cancer questions which were answered. Other reportable information includes sources of health and cancer information, frequency of medical checkups, demographic data and sources of campaign awareness. (no Refs)

101. LIVING WITH CHILDHOOD CANCER: IMPACT ON HEALTHY SIBLINGS (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

Since childhood leukemia is no longer considered imminently fatal, families must face a new challenge of living with an extended illness. Unfortunately, the majority of childhood cancer studies have tended to neglect the illness' impact on the healthy siblings. Thus, a pilot study was designed to determine these children's perceptions of what it is like to live with a sibling who has leukemia. The research project, exploratory and descriptive in design, was based on interviews of 11 healthy siblings (ages 6-16) of leukemic children who have been receiving treatment for at least nine months. Open-ended and semi-structured questions devised by the researcher guided the 45-minute interviews. The children's responses, which were analyzed according to the qualitative method of content analysis, reflected the following common themes: 1) an increase in sibling jealousy and rivalry most often accompanied by guilt, 2) deprivation of parental physical and emotional support, 3) confusion and isolation at the time of diagnosis and subsequent crisis periods, 4) fear of the ill child's possible death, 5) a greater sensitivity to and empathy for the ill child, and 6) and increase in family cohesion. Younger children (6-10 years; N equals 4) were less verbal and their responses reflected a concrete level of cognition. Older children (11-15 years; N equals 7) possessed the ability for abstract and introspective thinking, evaluating in depth the impact of the illness. All the siblings identified the first few months surrounding the diagnosis as the most stressful period. (no Refs)

102. NURSING BEHAVIORS HELPFUL TO BEREAVING PARENTS OF TERMINALLY ILL CHILDREN (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

Ten voluntary participants from a bereaving parents group, whose children have died from cancer, were studied to determine which nursing behaviors parents found most helpful in promoting comfort and support during their child's dying process. The parents were asked to q-sort fifty-one nursing behavior items derived from a four-tier classification. This classification system consisted of nursing behaviors which promoted: the physical needs of the child, the psychological needs of the child, the psychological needs of the parent, and overlaping parent and child needs. Zero order correlation was utilized to determine the significance of demographic data in influencing the participants ranking of the q-sort items. Correlation coefficients demonstrated that there were no statistical differences in demographic data in priority setting among the study sample. The data when analyzed in terms of mean and frequency demonstrated that bereaved parents gave nursing behaviors which promoted their child's needs a higher priority than those behaviors which promoted their own needs. In addition there was only a slight preference by the parents that the child's physical needs be met prior to the psychological needs. (no Refs)

103. THE EVALUATION OF PAIN BEHAVIORS OF SCHOOL AGE CHILDREN WITH LEUKEMIA (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

Children treated for leukemia experience frequent and often times potentially painful bone marrow aspirations. Nevertheless, a review of the literature provides scant material concerning pain assessment in children. The purposes of this project were to establish a valid and reliable tool to measure pain behaviors in school age children and to evaluate these behaviors in outpatients having bone marrow aspirations in a pediatric oncology clinic. A behavioral checklist categorized observed behaviors while time sampling of critical periods noted the changes in behaviors across time. Twenty-nine children were selected to participate in the study. These included outpatients between the ages of 6-12 and/or were in the first through eighth grades, diagnosed with acute leukemia and experiencing at least a second bone marrow aspiration. Content validity of the tool was established by means of a literature review as well as a judge panel consisting of three experts in the field of pediatric oncology and research. Inter-rater reliability for this behavioral checklist was established at 84% agreement. The data revealed a significant degree of self-control by the subjects in remaining generally motionless during the bone marrow aspiration. A relationship was also found between the frequencies of the pain behaviors and two variables: gender of the procedurist and age of child. Other variables, including the length of time since diagnosis and previous number of bone marrow aspirations, appeared to have no effect upon frequencies of the behaviors. (no Refs)

104. LATE EFFECTS OF CHILDHOOD CANCER AND ITS TREATMENT: IMPLICATIONS FOR NURSING (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

In the next few years, there is a real possibility that one in 1000 individuals reaching the age of 20 will be a survivor of childhood cancer. This is because step-wise gains in knowledge applied in coordinated treatment programs have dramatically increased cure rates for certain childhood cancers. Although modern multimodality therapy can be curative, it is not without substantial physical and emotional cost. Treatment with surgery, radiation therapy and chemotherapy can produce acute toxicity as well as long-term dysfunction and disability. These risks and complications are well-known and accepted as part of the physical and emotional cost of cure. Another category of disease and treatment related problems has been identified only recently: the persistent adverse functional changes which are called delayed sequelae or late effects since they may appear long after diagnosis and treatment. This paper examines the relationship of specific antineoplastic treatment to late effects observed in organ systems, the role of nurses in implementing systematic late effects evaluations at pediatric cancer centers, and the related implications for nurses in a variety of health care settings. As more children are cured of cancer, long-term survivors will be encountered more frequently by nurses everywhere, and meeting their special needs will require the ability to recognize possible late effects and to provide appropriate nursing care. (no Refs)

105. FOLLOW-UP OF CURED CHILDREN AND ADOLESCENTS TREATED FOR OSTEOGENIC SARCOMA (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

Over one hundred fifty patients treated for osteogenic sarcoma between 1973 and 1981 are currently without evidence of disease. All of these patients underwent chemotherapy, including high dose methotrexate with citrovorum factor rescue, and surgery consisting of either amputation or en bloc resection with insertion of an endoprosthesis. This paper will discuss the quality of life these patients are now experiencing. It will include scholastic achievements, marriage and families, employment discrimination, and late physiological and psychological effects of treatment. None of the patients treated had a significant interruption in his education. Three patients have had normal pregnancies and deliveries; these offspring have shown no congenital or developmental anomalies. The fertility of male patients has also been demonstrated. (no Refs)

106. COMPONENTS OF A QUALITY ASSURANCE PROGRAM (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

A quality assurance program comprised of nursing process and outcome standards, standardized care plans, and an audit tool was developed at a regional cancer center. The program development process occurred over a two and one half year period and involved the efforts of two working committees of staff nurses, administrators and educators. Collaboration at all levels resulted in the defining of values (standards) which are addressed in an organized manner (standard nursing care plans) and are easily evaluated (audits). Examples of standards, care plans, and audit tools will illustrate the utilization of this program and provide a knowledge base for other oncology practitioners in similar treatment settings. Implementation of the program involves a significant amount of staff education and evaluation which is currently under development. (no Refs)

107. THE READABILITY OF CONSENT FORM (MEETING ABSTRACT)

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The Seventh Annual Congress of the Oncology Nursing Society, April 23-25, 1982, St. Louis, Missouri. Oncology Nursing Society 99 pp., 1982.

Informed consent has become a major component of patient preparation in cancer treatment. A one-time study of thirty women consenting to participate in the epidemiologic study evaluating the use of non-contraceptive female hormones increasing the risk of endometrial, ovarian, and breast cancer was conducted to determine if the informed consent document was written at the independent reading level of the signee. A cloze test, a well-recognized procedure for measurement of readability and comprehension, was constructed from the consent form for the epidemiologic study. The cloze test was then administered to each patient to determine reading ability. The data revealed that majority of patients (63.0%) scored at the independent reading level, the level at which the individual reads with full comprehension. Because the general population reads at approximately the eighth grade level, it is speculated that individuals consenting to participate in the study were at a reading level above that. Since patients must be informed prior to consenting to treatment, this data will provide oncology nurses with a means by which patients' comprehension of their consent forms can be measured. (no Refs)

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- NUTRITIONAL EVALUATION AND SUPPORT 10-16
- NURSING CARE 17-19

PHYSICAL REHABILITATION

1. RETROMUSCULAR IMPLANTATION OF MAMMARY PROSTHESES FOR BREAST RECONSTRUCTION: A REPORT ON 56 CASES.

Mitz V, Vilain R
Service de Chirurgie Reparatrice, Hopital Boucicaut, 78, rue de la Convention, F 75015 Paris, France
J Chir (Paris); 119(5):381-388 1982

Retromuscular implantation of 56 mammary prostheses was performed in 38 patients. Complications included ectopy, formation of a hard shell (17 cases), residual asymmetry (20), pain and movement difficulties (2) secondary migration, and poor esthetic appearance during muscle contraction. Indications for retromuscular implantation of mammary prostheses include reconstruction following subcutaneous mammectomy for benign lesions, mammary reconstruction following resection for cancer or radiodermatitis, and improvement in breast size in cases of agenesis or total aplasia. (27 Refs) (In FRE)

2. CANNABIS AND CANCER CHEMOTHERAPY. A COMPARISON OF ORAL DELTA-9-THC AND PROCHLORPERAZINE.

Ungerleider JT, Andrysiak T, Fairbanks L, Goodnight J, Sarna G, Jamison K
Neuropsychiatric Inst., Univ. California Los Angeles Center for Health Sciences, 760 Westwood Plaza, Los Angeles, CA, 90024
Cancer; 50(4):636-645 1982

Delta-9-tetrahydrocannabinol (THC) and prochlorperzine (Compazine) were found to be equally efficacious in reducing nausea and vomiting associated with cancer chemotherapy across a wide range of chemotherapeutic regimens and tumor types. Both drugs were administered orally 1 hr before chemotherapy, then every 4 hr for a total of four doses. Compazine was administered in a fixed dose of 10 mg; THC was administered by body surface area (BSA): BSA less than 1.4 m2 = 7.5

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mg; BSA 1.4-1.8 m2 = 10 mg; and BSA greater than 1.8 m2 = 12.5 mg. Two hundred and fourteen subjects (75% of whom had previously received Compazine with varying results) were evaluated employing a double-blind, crossover design. Additional parameters evaluated were study drug effects on appetite, food intake, mood, activity, relaxation, interaction, and concentration. There were significant drug effects with THC: less ability to concentrate (p less than 0.01), less social interaction (p less than 0.05), and less activity (p less than 0.05). There were no significant differences between the two drugs in the level of food intake or appetite. Patients of all ages did equally well on both drugs. Neither past marijuana use nor past Compazine use were related to study drug efficacy. Those patients who correctly identified their THC cycle did better on THC vs those who could not correctly identify which antiemetic they had received (p less than 0.05). There were more drug-related effects associated with THC, but these did not reduce the patients' preference for the drug, and were associated with nausea reduction (p less than 0.05). (Author abstract) (17 Refs)

3. TRIAL OF TIAPRIDE AS AN ANALGESIC IN CANCER PATIENTS.

Le Derff H
Centre Medical de Maubreuil, 44470 Carquefou, France
Sem Hop Paris; 58(28/29):1708-1711 1982

The analgesic effect of tiapride was evaluated in 27 patients with primary and metastatic cancers in various sites (buccal cavity, uterine cervix, kidney, rectum, stomach, esophagus, liver). Tiapride was unquestionably effective in a dose of 300 mg/24 hr given intramuscularly; duration of analgesia was between 3.5 to 4.5 hr. Analgesia was usually insufficient with 600 mg given orally. As to side effects, there was no aggravation of pain or nausea and vomiting. (16 Refs) (In FRE)

PSYCHO-SOCIAL ASPECTS OF REHABILITATION

4. THE ROLE OF DEONTOLOGY IN REHABILITATION OF CANCER PATIENTS.

Gerasimenko VN, Artiushenko IuV, Tkhostov AS
Center Oncology Res., USSR Acad. Medical Sciences, Moscow, USSR
Vopr Onkol; 28(5):48-52 1982

The deontological aspects of oncological clinic are considered. Theoretical problems of dealing with personality changes in cancer patients using a motivation model are discussed. The paper is concerned with integration of rehabilitation approach with medical practice. (Author abstract) (7 Refs) (In RUS)

5. COMPLEX THERAPY OF VOICE REHABILITATION IN PATIENTS OPERATED UPON NEOPLASMS OF THE LARYNX.

Taptapova S
Moscow, USSR
Excerpta Med Int Congr Ser; 582:675-677 1982

While preserving a patient's life, surgical intervention resulting in partial resection of the larynx sacrifices the patient's voice. Correct rehabilitative phonopedia is important to social rehabilitation of such patients and involves a complex of specially elaborated respiratory and physical exercises, consultation by a psychiatrist, and implementation of voice rehabilitation combined with drug treatment if necessary. The patient needs help in overcoming depression, submissiveness to fate, indifference, and an inferiority complex. A rehabilitative program following total extirpation of the larynx should include logorehabilitative therapy aimed at forming a pseudoglottis, evoking a pseudovoice and introducing it into spontaneous speech, and development of the timber and modulations of voice; psychotherapy individualized to the patient's needs, and recommendations concerning the patient's work and rest regimens. The patient's realization of the social significance of his place in a labor collective and his role at his job are important and positive influences on the patient's condition. (no Refs)

6. PSYCHOLOGICAL EFFECTS OF BREAST RECONSTRUCTION FOLLOWING RADICAL MASTECTOMY.

Magistrato R, Di Paola M, Ruffolo F, Clarioni MG, Bostwick J, Lupoi S
Divisione di Chirurgia Generale, Ospedale civile di Bracciano, 00062 Bracciano (Roma), Italy
Minerva Med; 73(24):1711-1714 1982

Psychological advantages of breast reconstruction following radical mastectomy were examined in 102 premenopausal women. Immediately following mastectomy the women experienced depression (88% of patients), anxiety (72%), lack of confidence (46%), and insomnia (63%). Four mo later, the incidences had decreased slightly to 56%, 51%, 18%, and 42%, respectively. A dramatic reduction in incidences to 6%, 3%, 0%, and 6%, respectively, was observed after the breast reconstruction. Breast reconstruction was recommended for women undergoing radical mastectomy. (4 Refs) (In ITA)

7. A PARENT'S VIEW OF CHILDHOOD CANCER.

Labson LH, Wild E, Grosfeld JL, Mauer AM, Sinks LF, Miller DR
No affiliation given
Patient Care; 16(13):195-197,204-205,207,211-212,214,216-217,223 224,226-242 1982

A parent was interviewed who had a daughter who was diagnosed as having acute lymphoblastic leukemia at age 3 yr and who died at age 16 of acute myelomonocytic leukemia. The first observed symptoms of the disease were loss of energy, pallor, and regressive behavior. The parent's belief is that the medical team has to encourage parents gradually to resume responsibility for the child's care and that the primary care physician (PCP) can play a central role in bringing them out of their helplessness. The parent formed a parent support group. Parents should be encouraged to stay with the child who has cancer during the initial hospitalization. Parents must be truthful with even the very young child to allow the child to express hopes and fears. When illness strikes a sibling of the child with cancer, PCP must deal sensitively with the parent's inordinate fears. PCP can play a central role in keeping track of how siblings are coping with the brother's or sister's sickness. Children on chemotherapy are immunosuppressed, and a slight infection can be hazardous. An annual routine review process used at Rhode Island Hospital to provide time when parents of the child with cancer can discuss the child's condition with the oncology team is described. The team can alert parents to possible side effects of treatment or changes in prognosis. Since protocols for treatment encourage the use of aggressive therapy at the outset, fewer relapses and improved survival rates are observed. Parents may be more accepting of the impending death of a child with cancer than the doctors. Physicians have to adjust their approach to parents according to the understanding of the family members. PCP can help by notifying appropriate civil authorities in advance that the child will die at home and by explaining the dying process to the family so that they can know what to expect. (no Refs)

8. DYING AT HOME WITH CANCER.

Kennedy PH

Arizona State Univ., Tempe, AZ

Dying at Home with Cancer. Springfield, IL, Charles C. Thomas Publisher, 106 pp., 1982.

Dying at home as an alternative to hospital care for terminal cancer patients is discussed. Care for the patient at home by family members with no medical training is described. Most of the physical procedures done in the hospital can be done at home by persons with little or no medical training. The stages leading to the final stage of death are described and suggestions for approaching each stage are provided. Ways to reach the final stage of acceptance and how to deal with the stages of depression and anger are given. Techniques for communicating with the patient about impending death are reviewed and suggestions for family members having difficulty in accepting the death are made. Symptoms for gauging how close to death the patient is are presented. Various methods for pain control are described and techniques for administration of pain medication are reviewed. Obtaining and using common life-support devices is described. Legal measures the patient can take while healthy with regard to the kind of care requested are provided with an example of the Living Will. Physical and emotional care, legal considerations, psychological aspects of death from cancer, and coping techniques for the family are dealt with in a practical and sympathetic manner. (no Refs)

9. HOSPICE: COMPLETE CARE FOR THE TERMINALLY ILL.

Zimmerman JM

Church Hosp., Baltimore, MD

Hospice: Complete Care for the Terminally Ill. Baltimore, Urban and Schwarzenberg, 191 pp., 1981.

The development and implementation of a hospital hospice program for the advanced cancer patient is described. Topics addressed include practical considerations in dealing successfully with the dying patient, current problems in the management of the terminally ill, and ways the hospice program responds to these problems. Experience in the Church Hospital Hospice Care Program is described. Principles and practices of hospice care are reviewed, including symptom control and meeting the emotional and psychological needs of the patient and family. The hospice care team is described and the features of inpatient and outpatient care are reviewed. Organization, financing, and staffing a hospice care program are addressed. Some of the commonly asked questions about hospice care today are answered and future developments in the care of the terminally ill are discussed. The need for coordination, cooperation and cross-fertilization between curative and palliative care is a major theme throughout the book. (124 Refs)

NUTRITIONAL EVALUATION AND SUPPORT

10. IS TASTE RELATED TO ANOREXIA IN CANCER PATIENTS?

Trant AS, Serin J, Douglass HO

Dept. Nutrition, Foods and Dietetics, San Jose State Univ., Washington Square, San Jose, CA, 95192

Am J Clin Nutr; 36(1):45-58 1982

Intensity and pleasantness of five suprathreshold concentrations each of citric acid, NaCl, urea, and sucrose in beverages were scaled by 62 patients with primary tumors in upper gastrointestinal or thoracic areas, 22 of whom had chemotherapy within the month before testing. Mean intensity scores directly correlated with concentration of sour, salty, bitter, and sweet stimuli and indicated no abnormalities of test perception among patients grouped by tumor size, therapy, or appetite. In contrast, mean hedonic functions differed among individuals and groups. Patients on chemotherapy were less likely to display a distinct preference for any of the five concentrations of sucrose, particularly high levels, than those not on chemotherapy. Anorectics were more likely to prefer lower sweetness levels than nonanorectics, but sweet foods constituted a greater percentage of their daily caloric intake. Current theories for regulation of hunger and satiety were examined to elucidate the pathogenesis of anorexia in cancer patients. (Author abstract) (78 Refs)

11. ABNORMAL FATTY ACID BREATH TESTS IN CANCER PATIENTS, WITH NUTRITIONAL CORRELATION.

Delaney WE, Nickoloff E, Ettinger DS, Drew HM, Szeluga DJ, Stuart RK

Medical Oncology Unit, Lankenau Hosp., Philadelphia, PA, 19151

Cancer; 50(4):727-731 1982

In a group of cancer patients selected to exclude common causes of abnormal lipid absorption, we have examined this function using a breath test. Abnormal breath tests of fatty acid absorption (FABT) are found in most cancer patients, as has been previously claimed. These tests are abnormal in both quality (delayed peak in 9 of 10 patients) and quantity (reduced max peak in 5 of 10 patients) of fatty acid absorption. In many patients abnormal FABT is not due to chemotherapy. Our preliminary results indicate no definite malabsorption mechanism but more stringent tests of absorption need to be applied. Malnutrition is common in cancer patients, even in those with little or no wt loss, and some of the malnutrition may be related to abnormal lipid absorption or to other disturbed aspects of lipid metabolism. (Author abstract) (13 Refs)

12. LONG-TERM EFFECTS OF RADIOTHERAPY ON TASTE AND SALIVARY FUNCTION IN MAN.

Mossman K, Shatzman A, Chencharick J

Dept. Radiation Medicine, Georgetown Univ. Medical Center, Washington, DC, 20007

Int J Radiat Oncol Biol Phys; 8(6):991-997 1982

Long-term effects of radiotherapy on taste and salivary function were studied in 13 patients (9 males, 4 females, 49-83 yr old) treated by radiation 1-7 yr previously for tumors of the head and neck. Only four patients had normal values for all taste qualities (taste loss less than or equal to 1). All other patients had a measurable taste loss (taste loss greater than 1) for one or more taste qualities. The most severely affected taste qualities were salt and bitter, and the least affected were sweet and sour. Taste intensity responsiveness was most severely affected for salt and bitter, particularly apparent at high concentrations of taste solutions. Saliva flow rate and total protein secretion rate were reduced significantly in all patients, except one, as compared to normal volunteers. In 7/12 these patients, no saliva could be collected. In the patient, with normal flow and protein secretion rates, who had carcinoma of the larynx, the parotid glands were not included in the radiation fields. The frequency of subjective complaints of xerostomia, hypogeusia, dysgeusia, and anorexia was investigated. Nine patients complained of dry mouth. Two of the nine patients also complained of taste abnormalities, and one other patient complained of anorexia. Results showed that curative courses of radiotherapy for tumors of the head and neck may result in long-term changes in salivary and taste function. (17 Refs)

13. THE EFFECTS OF AGEING, CACHEXIA AND NEOPLASMS ON STRIATED MUSCLE: QUANTITATIVE HISTOLOGICAL AND HISTOCHEMICAL OBSERVATIONS ON AN AUTOPSY MATERIAL.

Lindboe CF, Torvik A
Section Neuropathology, Dept. Pathology, Ulleval Hosp., Oslo 1, Norway
Acta Neuropathol (Berl); 57(2/3):85-92 1982

The effects of aging, cachexia, and neoplasms on striated muscle were determined by measurements of size of muscle fibers on cyrostat sections and visual evaluation of paraffin sections by conventional light microscopy. No differences were found between men and women in muscle atrophy as observed in paraffin sections. Muscles in normal individuals were mostly without atrophy; the only significantly increased frequency of atrophy was exhibited by biceps brachii (BB) muscle in patients greater than 60 yr old. Among 28 muscles examined from patients with cachexia, 5 were normal, whereas 23 showed atrophy. Subjects with cachexia and malignant neoplasms exhibited atrophy in 58/59 muscles examined. There was no difference between individual muscles or between upper and lower limbs. In the cryostat sections, type 2 fibers in both anterior tibial (AT) muscle and BB muscle of men less than 60 yr old were significantly larger than type 1 fibers, and AT muscle fibers were larger than BB muscle fibers. No such differences were evident in older men. Similar relationships were evident for women. Both fiber types were significantly reduced in size in both muscles of men with cachexia compared to normal men. For men with cachexia and neoplasms, the fiber sizes for both muscle types were almost identical to those for men with cachexia. For women with cachexia and neoplasms, type 2 fibers were smaller compared to normal samples, but type 1 fibers were not significantly different in size. (21 Refs)

14. A RATIONALE FOR DIETARY INTERVENTION IN THE TREATMENT OF POSTMENOPAUSAL BREAST CANCER PATIENTS.

Wynder EL, Cohen LA
Mahoney and Naylor Dana Institutes American Health Foundation, 320 East 43rd St., New York, NY, 10017
Nutr Cancer; 3(4):195-199 1982

A rationale is given for the use of low-fat diet as a form of adjuvant therapy for postmenopausal breast cancer patients. The rationale is based on both epidemiological and experimental evidence, accrued over the past 40 yr, suggesting that dietary fat is an important determinant of both breast cancer risk and survival after surgery. A randomized prospective clinical trial would provide the most direct and feasible experimental mechanism for testing the hypothesis that decreasing the consumption of dietary fat will increase the disease-free interval and/or the 5-yr survival rates of postmenopausal breast cancer patients. (Author abstract) (39 Refs)

15. ENDOSCOPIC INSERTION OF THE CELESTIN TUBE IN PATIENTS WITH ESOPHAGEAL CANCER.

Struve-Christensen E, Aasted A, Bertelsen S
Dept. Thoracic Surgery, Bispebjerg Hosp., DK-2400 Copenhagen NV, Denmark
World J Surg; 6(4):494-497 1982

In 26 patients with esophageal cancer the Celestin tube was inserted under television fluoroscopy and in 2 during exploratory thoracotomy. In 23 patients, the tumor was a primary esophageal malignancy, and in 5 the primary tumor was a malignant bronchogenic tumor invading the esophagus. In every patient the dilation and the placement of the tube was done without technical difficulties. After the procedure, seven patients complained of retrosternal pain which lasted for a few days. All the patients were able to take liquids 1-2 days after intubation. (13 Refs)

16. ENDOSCOPIC INSERTION OF A PROSTHETIC TUBE FOR CARCINOMA OF THE ESOPHAGUS AND CARDIA.

Pomeranz I, Novis B
Gastroenterology Unit, Meir Hosp., Kfar Saba, Israel
Harefuah; 102(5):185-187 1982

A latex esophageal prosthetic tube (Celestine or Medoc) was successfully inserted endoscopically in 8/10 patients with carcinoma of the esophagus or cardia. Of the eight patients, seven were able to eat within 48 hr of the procedure. In one patient the tube could not be inserted and in another the esophagus was perforated during dilatation. Indications for nonsurgical insertion of an esophageal prosthesis are discussed. (8 Refs) (In HEB)

NURSING CARE

17. COMMUNICATING WITH FAMILIES OF CANCER PATIENTS. 2. THE NURSES.

Bond S
Dept. Nursing Studies, Univ. Edinburgh, Edinburgh, Scotland
Nurs Times; 78(24):1027-1029 1982

A survey of 107 close relatives of cancer patients showed that 27 (25.2%) had spoken with some member of the nursing staff, while 80 (74.8%) had not. The numbers of contacts of relatives with nurses and topics relatives discussed with nurses are presented. Data indicate that only a minority of close relatives have anything more than superficial contact with the hospital staff caring for patients. Those relatives who do establish contact with doctors do so primarily for the purpose of receiving information about the patient's illness but know little of what the patient has been told. (3 Refs)

18. THE CONCEPT OF HOSPICE.

Leone LA
Dept. Oncology, Rhode Island Hosp., Providence, RI
CA; 32(3):141-143 1982

The primary goals of hospice are to control pain, ensure general comfort, assure a dignified death for the cancer patient, and give support and comfort to the patient's family. The need for a well-coordinated and integrated supportive effort includes continuation of the relationship with the attending physician and the avoidance of sudden and arbitrary displacement of the patient from his accustomed surroundings. (no Refs)

19. CANCER NURSING: A HOLISTIC MULTIDISCIPLINARY APPROACH.

Baldonado AA, Stahl DA
Loyola Univ., Chicago, Chicago, IL
Cancer Nursing: A Holistic Multidisciplinary Approach. Garden City, NY, Medical Examination Publishing Co., 414 pp., 1982.

Topics discussed in relation to cancer nursing include introductory comments (perspectives, pathogenesis of cancer, etiology of cancer), detection and diagnosis of neoplasms (general aspects of cancer detection and diagnostic procedures, immunodiagnosis and tumor markers, the role of radiodiagnosis), treatment modalities and nursing care principles (chemotherapy, immunotherapy, radiotherapy, surgical intervention, multimodal treatment), psychosocial aspects of cancer nursing (coping with fear, coping with death and dying, sexuality and the cancer patient, pain and cancer, hospice care concept, rehabilitation oncology, cancer and aging), diagnosis and treatment of common malignancies (bone, pancreas, thyroid, adrenal gland, cervix, ovary, breast, prostate, testis, liver, lung, head and neck, alimentary tract, urogenital tract, brain, and skin cancers; leukemias and related nursing care principles; Hodgkin's disease; retinoblastoma and malignant melanoma of the eye; neuroblastoma; nutrition and cancer); cancer metastases and management; and application of a multidisciplinary approach to care of the cancer patient (case studies). (607 Refs)

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